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ABSTRACT

The conference focused attention on the severe problems of abuse and neglect among Mexican American children, particularly among migrant children. The welcome address discussed the plight and hardship endured by the Mexican American migrant worker and family. The keynote address emphasized the fact that minority families, who are usually poor, and poor white families are most likely to be reported for child abuse, and in states that consider abuse a criminal offense, are severely penalized. The workshops addressed the following topics: myths and facts about child sexual abuse and assault; alcohol and drug abuse as contributing factors to child abuse/neglect; cultural strengths and clinical intervention strategies in working with Latino families; methods of preventing child abuse/neglect among Mexican American families; issues in Mexican American adoptions; treatment of child abuse/neglect among urban Mexican Americans; judicial perspectives on child abuse/neglect proceedings involving Mexican American children; child abuse/neglect and the Mexican American migrant worker; issues in the incidence of child abuse/neglect relative to Mexican Americans; and the AVANCE Parent Child Education Program, a national demonstration project. The closing address focused on the impact of child abuse and neglect on the self-concept and learning of a young child. A section on recommendations concludes the report. (NQA)

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Child Abuse and Neglect:
The Mexican-American Community

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May 26 - 29, 1981
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National Child Abuse and Neglect Resource Center For Mexican-Americans

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PROCEEDINGS OF THE
FIRST ANNUAL CONFERENCE ON CHILD ABUSE AND NEGLECT IN THE MEXICAN-AMERICAN COMMUNITY
MAY 26-29, 1981
LAREDO, TEXAS

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PREFACE

As one of the national minority resource centers on child abuse and neglect, funded by the National Center on Child Abuse and Neglect, our principal goals are to increase the awareness in the Mexican-American community, of the problem of child abuse and neglect, and to increase the sensitivity of existing professionals and paraprofessionals, to the culture, customs, and values of the Mexican-American population. With this Conference, we strived to address both of these goals, as well as to generate enough interest to motivate other persons and agencies to support the work that is critically needed in our communities, both in terms of providing culturally relevant services, and assisting parents and families in creating a healthier environment for our children.

As the First Annual Conference focusing on child abuse and neglect in the Mexican-American community, this was the first step in addressing this problem on an broad level. In selecting the topics of the workshops, we tried to provide a variety of subject areas that would cover the whole spectrum of child welfare services.

Looking towards the future, it appears that the federal assistance in many social programs, some of which made this Conference possible, has been channeled to the states. We are hopeful and optimistic that the states will address the need to promote activities, such as this conference and the need to enhance their own staff training programs and to serve the needs of their minority clients. It is of paramount importance to the well-being of our children, of our families, and of future generations.

On behalf of the Texas Migrant Council and the National Resource Center for Mexican-Americans, we hope that the knowledge and experiences shared by the presentors in these proceedings will contribute to the scant body of literature available regarding child abuse and neglect in the Mexican-American community.

Mario Bermea
Project Director
National Resource Center
on Child Abuse and Neglect
for Mexican-Americans

STATE OF CALIFORNIA
EDMUND G. BROWN JR., *Governor*

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Mario G. Obledo
SECRETARY
James W. Connor
UNDERSECRETARY

June 9, 1981

Mr. Mario Bermea
Texas Migrant Council, Inc.
P.O. Box 917
Laredo, TX 78040

Dear Mr. Bermea:

Please accept my most profound appreciation and gratitude for your invitation to address the first annual conference on Child Abuse and Neglect and the Mexican-American Community on May 27th. It was a rewarding experience for me, and I hope for the conference participants as well. Our work is certainly before us in this field of human concern.

Please convey my thanks to your entire staff.

Sincerely,

Mario G. Obledo
MARIO G. OBLEDO
Secretary

DEPARTMENTS OF THE AGENCY
Aging • Alcohol & Drug Programs • Data Center • Developmental Services • Employment Development • Health Services
Mental Health • Rehabilitation • Social Services • Office of Statewide Health Planning and Development

FOREWORD

The First Annual Conference on Child Abuse and Neglect in the Mexican-American Community, in May 1981, sponsored by the Texas Migrant Council, National Resource Center on Child Abuse and Neglect for Mexican-Americans, was without a doubt, a landmark event. It served to focus attention on the severe problems of abuse and neglect among Mexican-American children in general, and among those whose families are migrants particularly. It also provided a forum for the exchange of ideas and for the sharing of experiences. Children and families in the migrant stream appear to be one of the most vulnerable groups in the country. This is understandable for reasons that the conference participants emphasized: They are poor, often discriminated against, have not had educational opportunities, do not have job skills, and most of them have been impoverished for generations.

At this point in time when we are able to launch a vehicle into space, carrying human beings that it safely returns to earth, at this time when we boast about being enlightened and of making incredible scientific advancements, it is amazing that we seem to be incapable of protecting our children from being hurt, physically and emotionally. And not just a few get hurt; hundreds of thousands do every year. Some of them become impaired for life. Others carry invisible scars for the rest of their lives. It is even more surprising that it happens in our society that claims to be fully committed to the welfare of families – al bienestar completo de la familia. But it does happen!

There now seems to be a ray of hope that the situation will improve for the troubled families. Recently, more attention has been given to the problems of child abuse and neglect, some of it stimulated at the Federal level through the National Center on Child Abuse and Neglect, and also by the Regional Resource Centers. States and local communities are taking significant steps towards the improvement of their protective services and are generating public interest and support through an educational thrust. As other services in our communities, these services for children primarily address the needs of middle class families of the dominant society. For this reason the creative leadership of those involved in the Texas Migrant Council to sponsor the National Resource Center on Child Abuse and Neglect for Mexican-Americans is particularly worthy of note.

At the conference a group of enthusiastic, committed professionals and lay people came together to share with each other their experiences with their various problems throughout the country or in their particular job or volunteer situation. They discussed approaches and models that worked well, underscoring the obstacles that they had to overcome in order to provide services and/or to advocate for migrant children. The insensitivity of service providers to the problems of Mexican-Americans and other Latinos is outstanding. The lack of resources for them is gross. At this time when, as Ginsberg stated, there is "a degree of meanness of spirit" in our society because there seems to be a feeling of not being at all responsible for others, especially for those who are poor and vulnerable, the situation can be expected to become worse. Coming together to identify mutual concerns and intra-group resources, and to establish networks was even more significant.

Not surprising, a number of themes appeared to flow throughout the various presentations and workshops. For example, several pointed to the fact that the minority families, a disproportionate number of whom are poor, and poor white families are the ones most likely to be reported for child abuse, and in states that consider abuse a criminal offense, as California does, they are severely penalized. Mr. Obledo and Judge Peña particularly emphasized this point. Several workshop participants believed that among the reasons why this happens, is that the Child Protective Agencies often do not have any one on the staff that speaks the language or understands the culture of the Mexican-American families. Some workers fail to differentiate between the cultural behaviors of the migrants and abuse or neglectful management of the youngsters. They are very insensitive to the situational aspects in their lives that prompt families to leave younger children in the care of older ones while they are at work. For example, neither day care facilities nor other baby sitting services are available to them. An adult or older teenager cannot stay home to care for the children because everybody has to work in order to make ends meet. Those who out of necessity to not report for work, frequently lose their jobs. They cannot afford to risk it. The workers assume that they leave the children by choice, because they are not caring people.

The situation frequently does not change very much when they return home. Often they find themselves unemployed, or at best, underemployed. Quickly they spend what little money they manage to bring home. On occasions the wife is able to find employment before the husband does, which may be a blow to his ego. The children have difficulty in school because more than likely the school term has started by the time they are able to enroll. The stress for some of these families becomes overwhelming. The stresses that some families have to cope with often lead to alcohol or drug abuse, and eventually to family violence, including child abuse.

The presenters and participants recognized that there are parents who are disturbed, who have other severe problems, and who, therefore, need special help. Most of these families are second or third generation migrants who have experienced severe discrimination and who have been oppressed because of their minority status and because they have been poor. It was emphasized that most families, but particularly those who were experiencing this type of long-term difficulties, needed a multi-pronged approach to treatment; that is, the parents need mental health services, the children need help also, including placement outside the home at times. The children should be placed with relatives when possible, or at least with Mexican-American families. The goal should be to get the family together as soon as feasible. Preventive interventions may be needed for other members of the family, principally other children in the home, in an effort to break the cycle.

The lack of accurate demographic information about the characteristics of these families is acute. Better understanding of the nature of the problems of abuse and neglect to promote understanding of what constitutes effective treatment and preventive intervention is necessary. Even the real extent of the problem is not actually known. Several research studies were presented, including those by Gloria Rodriguez, Lex Berrios and by Camp and Cervantes, which are beginning to shed some light on these issues, but much more needs to be done.

The importance of recognizing diversity among Mexican-American and other Latino groups was a topic for discussion in several sessions. For example, there can be marked difference between Mexicans and Mexican-Americans, as well as between these two groups and Latinos from other countries. Although there are some basic cultural elements that are common to all, there are many important variations that may make a difference in treatment. Language variations may create problems for those attempting to help them, including those who are Spanish speaking. The language competency varies among Mexican-Americans. Some speak mostly or exclusively English; others speak Spanish only or mostly, and there are those who are predominantly bilingual, but who may have limitations in both languages. Competition is obvious among some Latinos, even between Mexican-Americans and Mexicans. If the ethnic heterogeneity among migrants is enigmatic at times to Mexican-American service providers, it is even worse for those who are not. Inter-generation problems may be noticeable, too, depending on the level of acculturation of the older ones. New arrivals may experience problems as they attempt to make cultural adaptations. These problems need to be identified and assistance should be offered to help resolve them.

In at least one session it was mentioned that it appears as if those who are most recent immigrants have less problems of self-identification and project a better self-concept. Those who are second or third generation Mexican-Americans, who have been victims of oppression and discrimination practically all their lives, seem to have a poorer self-concept and lower self-esteem. They appear to have internalized society's negative view of them.

The need for a good cultural assessment to ascertain the level of adaptation, the value synthesis, and the value conflicts was highlighted.

Another common theme was the agreement that insight, in-depth psychotherapy, particularly the application of the medical model, was inappropriate for the vast majority of Mexican-American people. Educational programs, particularly to help them develop parental skills were recommended. Behavior modification was also considered an acceptable interventive mode, and so were efforts at modifying their detrimental situations. Situational interventions considered included advocacy, community organization and political action. A combination of these approaches was considered essential by some. The suggestion was repeatedly made that cultural strengths be used in treatment and the use of such cultural concepts such as "respeto," "confianza," and "aguantar" be integrated into the treatment approach. In other words, they seemed to be saying that an eclectic, holistic approach, including prevention, was the ideal. All of these services, they clarified, were expected to be provided through a supportive, empathetic relationship with the families.

The need for training in these modalities was also recommended, and it was considered imperative that these programs develop curricula to provide in-service training for the staffs of Child Protective Agencies and those in health and mental health programs, to minimize the problems of insensitivity. The recruitment and training of volunteers was also considered as a high priority. The services of volunteers are necessary because so many programs function with minimal, if any, funds at all.

Also discussed in several sessions was the need for specific services to children who are removed from the home, especially at the time that they are being prepared to return home. Few receive adequate services. Some receive none at all.

Several participants believed that an interdisciplinary, multi agency services should be made available to these families.

It was interesting to note that although there was general agreement about the needed services and the expected outcomes, there seemed to be some ideological variations as to what was considered "best" for clients. They agreed that most Mexican families needed cultural reaffirmation to feel better about themselves; others thought that the families need to make certain cultural adaptations so that they could function more adequately in society, and what seemed interesting to me was that at least one person thought they should become more Mexicanized.

There seemed to be a consensus that the problems of child abuse and neglect among migrant families are serious and that they warrant our serious consideration in terms, not only of intervention, but in terms of prevention as well. The vicious cycle needs to be broken. El bienestar de nuestras familias lo requiere.

ACKNOWLEDGMENTS

The National Resource Center on Child Abuse and Neglect for Mexican-Americans gratefully acknowledges the contributions of the following persons whose cooperative efforts made the Conference possible.

The Executive Staff of the Texas Migrant Council, Inc.

Oscar L. Villarreal	Executive Director, Texas Migrant Council
Jose A. Valdez	Deputy Director

The Staff of the National Resource Center on Child Abuse and Neglect for Mexican-Americans

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Patricia Garza	Film Festival Trainer and Resource Specialist

We are indebted to all the Members of the Texas Migrant Council Staff who so graciously assisted the Resource Center in the preparation and execution of the Conference and the publication of the Conference Proceedings.

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We extend special thanks to Laredo Junior College and to the Laredo Chamber of Commerce for their contributions.

THE PLIGHT AND HARDSHIP ENDURED BY THE MEXICAN-AMERICAN MIGRANT WORKER AND FAMILY

ANTONIO ZARDENETTA, JUDGE
111th DISTRICT COURT, LAREDO, TEXAS
WELCOME ADDRESS

I know that all of you have come from far and near because you are genuinely concerned, as we all should be, with the plight and problems encountered by our fellow bretheren. We are fortunate to have so many distinguished speakers and panelists for this conference, and I am sure that the free and open exchange of ideas at the workshops will make this conference a fruitful and productive one. I anticipate that we will leave with a better understanding of the numerous and complex difficulties migrants endure year in and year out, and with insights as to what we can all do, individually and collectively, to make their burden a lighter one.

No other group of people tries harder to work or travels all over this country, working from sunrise to sunset, seven days a week when the crops are ready to be harvested. There is something ironic and special about this: in exchange for the desire to work, migrants are kept apart like no others, denied rights and privileges no others are denied, denied even halfway decent wages, and asked to live homeless vagabond lives--lives of virtual peonage. It is most unfortunate that a rich and powerful nation such as ours, in the second half of the twentieth century, should tolerate what was considered an outrage, even centuries ago: child labor, peonage and discrimination. As much as we would like to think that these people enjoy luxuries none of their ancestors ever had, the fact of the matter is that migrant families are living under less than ideal conditions.

Because they lack formal education and have poor knowledge of the English language, areas of employment for migrants are limited. Consequently, their primary alternative for employment is seasonal agriculture. Common habitats for migrants are labor camps that are often isolated from the rest of the rural communities. While farmers and agri-businesses are served by a variety of programs and legislation to ease their situation, the migrant farmworkers are excluded for no apparent reason. Agriculture even under the best of circumstances, is an occupation subject to uncertainty of employment due to weather conditions and readiness of the crops. In addition to this, hazards for migrant workers are many, and wages are too low. There is also an abundance of child labor for many children begin to do some work in the fields by the age of five and some may be expected to carry their own weight by the age of ten. Many of them do drop out of school by the age of twelve to work full-time. This may be, and usually is, the beginning of the end of any kind of formal education with all of the attendant consequences that lack of education brings to bear on the migrant, personally and on his or her family as well. The cycle repeats itself from generation to generation, for only a few migrants are able to break through this barrier of bondage and work, and gain a substantially higher standard of living than their friends, neighbors, and family members who do not happen to be so fortunate for wages for children are even lower than those for adults.

It is clear that the children are being exploited. Also the field is an extremely dangerous environment for a child laborer. But it must be made clear that when referring to child labor, the issue is not in regards to working on the family garden, helping with the chores on the family farm, or earning pocket money; what is in question is the long and arduous days of stooping and picking, carrying heavy loads, and being exposed to untold hazards. The primary reason for migrant child labor, as we all know, is economic necessity. But, allowing child labor takes jobs away from adults and depresses adult wages. For the migrant family, however, child labor has remained necessary because even the small amount of additional money it provides for the individual family, helps to put food on the table. Unfortunately, because of this, child labor will continue to be an integral part of the migrant farmworker's lifestyle. It is important to note that agricultural migrant workers continue to receive lower wages than those guaranteed to workers in other occupations, and several state laws exempt farmworkers completely from minimum wage standards. This deplorable state of affairs must be corrected immediately.

Migrants must contend with certain socio-economic stresses and the deplorable environment most migrants live in, all of which contributes greatly to the abuse and neglect migrant children suffer. This type of abuse and neglect, while not deliberate, may nevertheless, have serious effects on the child. Abuse has been defined as physical or psychological harm to a child as a result of acts of violence, or inadequate support of the child in health, nutrition, clothing, shelter or emotional care. In considering this definition and the problems in the migrant farmworkers lifestyle, it is evident that the migrant farmworkers, adults as well as children, suffer from inadequate access to care. Migrant children living in this environment suffer from what may be called "situational neglect." The migrants' low socio-economic level has not allowed them to provide adequate or sufficient care for their children in terms of health, nutrition, clothing, shelter, and psychological support.

Recently, a research team interviewed parents who abuse children and found that these parents share some common characteristics, as for example, serious financial problems in 70% of the cases, and inadequate child care arrangements in 65% of them. Both of these conditions certainly reflect the migrants' dilemma. Other studies have sought to determine what particular environmental situations contribute to the existence of child abuse and neglect. Abuse has been found to be more prevalent in areas of great poverty, of lower quality housing and among transient populations, conditions which contribute to environmental stress. As it is readily apparent, these characteristics parallel the migrant farmworkers' lifestyle.

During the six years that I have been on the bench, I have personally had occasion to deal with juvenile cases and cases filed by the Texas Department of

Human Resources (TDHR), Child Protective Services Division, Child Support Division, and by their Uniform Reciprocal Enforcement of Support Act Division. While the symptoms of neglect and abuse are readily apparent and admittedly applicable to all socio-economic levels, the incidence of child abuse and neglect does seem to predominate in the lower socio-economic levels, although the specific statistics on the number of cases involving migrants are not available. I have seen young boys and girls who have been brought to juvenile court for truancy, for running away, or for being Children in Need of Supervision (C.h.I.N.S.). For children who have been neglected and abused, intentionally or unintentionally, the outcome is the same. I have also seen children who have a difficulty of one form or another in school, or who are, or have been so neglected or abused at home that they run away from home--and I use the term "run-away" guardedly and other children who eventually are processed through the juvenile justice system, either as C.h.I.N.S. or juveniles, who may have been found guilty of engaging in delinquent conduct so serious in nature that they are subject to being committed to the state correction school until they are 18 years of age, or are released sooner by that agency. I have witnessed cases of neglect and abuse so severe as to justify the legal termination of the parental rights, and the naming of the Department of Human Resources as the legal guardian or custodian of these children, with the right to place them for adoption with suitable adoptive parents.

As we can patently see, these children who become involved in the Child Protective Service process generally experience at least one crisis. These children are often fearful of their parents, of Child Protective Service (CPS) workers, and other authority figures, of hospitalization, of the court process, and of separation from their families. They are frequently experiencing medical, emotional and/or developmental problems, which may or may not be evident through their behavior, but which may require evaluation and treatment. These maltreated children often mistrust social workers or may be overly dependent on them, seeking attention and affection. And so, the CPS worker acts as a therapeutic agent for these maltreated children. Workers should avoid being critical of the parents when talking to the children. They should be available to these children, to listen to them, to be sympathetic and understanding, with them, and to provide them with needed emotional support. CPS workers must try to gain the children's trust through honest and genuine concern. These workers, overworked, in agencies which are undermanned, do the very best that they can under the most trying conditions. I do not know what we would do without them.

Most of these troubled children are placed in foster homes. The DHR Foster Care Program services an estimated 450,000 children in the United States. However, there is a growing concern among professionals in the child welfare field, that children are being placed in foster care too readily, often without careful consideration of less dramatic intervention, and sometimes for indefinite periods of time. But again, I do not know what I would do without foster care in light of the more severe cases of child abuse and neglect that come before me.

The TDHR and the District Attorney's office have continuously filed cases of non-support against fathers, who are either separated or divorced from the children's mothers. These fathers are remanded to the local jail for not paying the support as they were ordered by the court to pay. These types of cases of dependent and neglected children that the State has had to support, are not uncommon. I do not unequivocally state that many of them are related to migrant families, but, when taken in the context of my prior comments and my remarks as a whole, the probability that some migrant families are included in the court-filed cases is high.

Another serious problem facing the migrant family is that of health care. When health care is neglected, handicaps such as blindness, language and learning disabilities, speech impairment, emotional disturbance and other disorders are often the result. Handicaps such as these are more likely to occur among the poor than among higher income families. Minority children who are more often living in less than ideal conditions and suroundings, and who are generally less healthy, are more at risk than other children. Along with the child's handicapping condition there is the attendant problem of labeling. Labeling a child according to his or her handicap, can affect the way teachers and parents perceive and treat the child which may make the problem appear worse than it really is, pushing the child farther away from normality. They should be referred to as children with "special needs," needs that are more extensive then those of other children. The brighter side is that handicapped children are finally getting some of the services that they need. The Texas Legislature has authorized the Comprehensive Special Education Program for children in public schools. Most school districts cannot afford the services or the personnel to provide special education for handicapped children, but costly as it is, it is money well-spent.

Money also well-spent is that provided for day care services, but migrants have difficulty obtaining accessible day care services that have hours that correspond to their working hours. Unless day care of some kind is available to them, young children, even infants will be left unattended, alone in the camps, or at best, in the care of not much older siblings. In view of the poor nutrition and general and environmental health of migrant children, it is no wonder that day care services are much in demand. Considering the importance of a child's physical, emotional, and intellectual development during the first few years of life, early childhood programs for this population are essential. Day care frees the parents to work without worry or concern over the safety of their children, and allows older children to attend school or work without the great responsibility of caring for younger children. Most importantly it can provide comprehensive care and maximize the development of pre-school aged children.

Further progress has been made through the Headstart Program which was funded to provide quality pre-school services, and to enhance the development of pre-school aged children from low income families. The target population to be served by migrant headstart was the truly mobile migrant. Unlike "regular" headstart, care is provided for infants and children through five years of age. Migrant parents need infant care in order to be free to work. Good nutrition and health care are now being provided through well-balanced meals available from the United States Department of Agriculture food programs and physical and dental examinations by nurses and local physicians to prevent serious and infectious diseases. It is important that these initial efforts toward health be assured in order to foster the children's intellectual development and general well-being. These efforts can also save major state, educational and social programs expenditures in the future. Custodial care, while better than leaving children virtually unattended, simply provides supervision, shelter, and other basic needs of migrant families.

Despite the availability of all these public services, the Inter-American Research Association study has found that 1) public social service agencies do not keep data on services to migrants, 2) according to both migrants and agencies, migrants seldom receive child welfare services from public social service agencies; 3) language, transiency, and the lack of transportation, continue to be barriers to full utilization of child welfare services by migrants; and 4) social service agencies seldom provide outreach to migrant camps. The conditions under which migrant families live, therefore, reveal the major difficulties they encounter with delivery of social services to them. Political, cultural, and psychological barriers continue to separate migrants and their families from these indispensable social services.

We must therefore continue to insist and demand that the needs of the migrant population be recognized and conscientiously addressed and met, not only at the national level, but also by states and local communities.

I commend all of you to your work during these next few days to the end that there be a renewed vigor on the part of all of us, to redouble our efforts towards making the life of migrants more genuinely compatible with the American way of life through education, health, full employment, fair wages, and a much higher standard of living, the same as for all other Americans.

CHILD ABUSE AND NEGLECT AND THE MEXICAN-AMERICAN COMMUNITY

KEYNOTE ADDRESS

Mario Obledo

There are few social problems as challenging as child abuse. With a problem as complex as this one, we find that there are many different theories about its causes, and just as many different opinions as to what is the most appropriate solution or treatment technique to ultimately eliminate the problem from a particular family, a community or generally in society.

Studies conducted by the National Center on Child Abuse and Neglect indicate that the incidence of this problem, nationally, approaches one million reported cases per year. These studies also suggest that the extent of the problem is much greater, since an unknown percentage of cases goes unreported. These cases represent abuses that include physical abuse or battering, neglect, and sexual abuse. California has its share of child abuse problems. While it is difficult to arrive at a precise figure as to the extent of the problem, officials estimate that about 100,000 cases will be reported this year.

Unfortunately, while most Latin families are underrepresented in virtually every social or economic indicator of success, such as education, income employment and housing, the Latin family is proportionately represented in our child abuse statistics. By this, I mean that a full 20 percent of Californians are Hispanic, and a full 20 percent of reported cases occur in Spanish-speaking homes.

Child abuse researchers report that abused children are the product of families under stress. Often, these families are faced not only with stresses as they struggle with the day-to-day challenges of child rearing and keeping the household together, but most significantly, they have to do so, despite an onslaught of economic, emotional and environmental stresses which are persistent, even chronic. As a crisis occurs in the family, a child may become the unfortunate victim of a parent who is unable to react in an appropriate manner when that parent is pushed beyond his or her own limits of coping with stress. Mexican-American families are often families that exist under chronic stress due to economic and or environmental conditions that adversely affect their emotional well-being.

Today, we see more and more Mexican-Americans sharing in the benefits offered by this society in education and employment. But the average Mexican-American family is poor and living in conditions worse than those that existed during the Great Depression. Our children drop out of high schools at an alarming rate. Unemployment among our youth is high, and this deprivation is reflected in the barrios through gang violence and the abuse of dangerous drugs, such as PCP and heroin.

Many among us in this country who recently arrived from Mexico and other Latin American countries, are experiencing a new life-style, a new culture and a new language. For many, this culture-shock is stressful. The young immigrants may be away from home for the first time in their lives. Arriving with little more than the clothes on their back, they are faced with the need to find housing and employment often in a social environment that requires that they absorb this culture-shock in isolation.

Many of us encounter job discrimination, either by not being hired for a position, or by being paid less than a fellow employee in the same position doing the same work. Others of us find employment where minimum wage laws are not enforced, or where occupational health and safety protections do not exist. This may be in the fields, the factories, or the sweatshops that operate behind closed doors.

Moreover, we know that while the health care system in this country is considered modern and first-rate, Third World communities, including Mexican-Americans, encounter unsurmountable barriers to the health care system. We all remember the scandalous news about the high incidence of infant mortality in East Oakland, a community of Black and Mexican-American families, in the midst of a sophisticated urban area. This infant mortality rate exceeded the infant mortality rates in some countries that we consider "underdeveloped"--or overly exploited by European colonizers.

Whether it is to the use of health services or to the use of social services, our families encounter barriers due to lack of bilingual-bicultural workers, lack of sensitivity to our culture and our values, ignorance about appropriate styles of interaction among us, and ignorance about our attitudes and customs regarding health care and social services. This nation's health and social service agencies and delivery systems were created long before the Mexican-American community had a voice in designing those systems which are therefore, often unsuccessful in providing services in a culturally sensitive manner. This is what often leads to underutilization of the resources that do exist.

As we can easily see, the stresses placed upon Mexican-American families result in high-risk situations which can be conducive to child abuse and neglect. Just as other health and social service systems have little or no expertise in providing services to Mexican-American families, the child abuse and neglect service systems are only beginning to address the critical cultural issues involved.

Assessments of complaints about abuse in Mexican-American families, are usually conducted by investigators who are not of the same culture and who usually do not speak the same language; yet each of these persons has the responsibility of conducting an evaluation of the home, of the parents, of the child and of the quality of their relationship, and also the responsibility for recommending an "appropriate action." This so-called "appropriate action" many times means "negative action" for the Mexican-American family; for this culturally insensitive interloper has the power to remove the child from the home of its parents. The social worker has the power also to allow the child to remain at home and to counsel the parents, or, in some cases, even to turn the case over to the police department for investigation. If the police can substantiate a case of abuse--which in California is a criminal offense--the district attorney's office can prosecute.

And, how is the family that truly manifests a child abuse problem handled? Again, we often find that appropriate services are not available to them, such as respite, child care, or therapeutic services for the parent and/or child, nor services to help them overcome the environmental and/or economic stresses that contribute to the problem.

In California, many more Mexican-American professionals are becoming aware of the problem of child abuse in our communities. They are frustrated, however, by the lack of supportive services available specifically to meet the needs of our families. Some suggestions to possibly begin to make necessary changes include the following: increased awareness within our own community that the problem exists and increased awareness among professionals, lay persons and parents. The professionals can begin by learning to identify the families who may be high-risk for abusing a child, by learning to reach out, to assist those persons in overcoming some stressful situation, by developing rapport with resources that do exist to help families in stress, and most importantly, by making a commitment on their part, and if possible, on the part of their agency, to commit themselves to dealing with this problem. Lay persons and parents can begin by learning to reach out to those parents who are identified as being under stress, by utilizing the Mexican-American community's emphasis on the importance of the family, including the extended family, as a support system. We need to utilize this aspect of our value system as a prevention technique. The importance of families and of children has always been paramount in our culture. It can be the most effective means of preventing child abuse. Mexican-American professionals must continue to struggle for positions in direct services and in policy-making as well. We must have in these positions Mexican-Americans who are committed to improving the service delivery system, particularly for Mexican-Americans. We must carefully allocate the scarce resources that do exist, always keeping in mind the need to serve abusive families and those who are potentially abusive. There are many health and other services that exist, that are important to helping abusive families, such as public health nursing, parent education, nutrition education and day care, that have played a part in the child abuse services network, and must continue to do so. We need to develop more research and more professional literature on this phenomenon in our community. We need to begin to share more of our experiences, both professional and personal, so as to help others working with our families to better understand their problems and their stresses, and to identify solutions. This research and information must be widely disseminated, and the dialogue among professionals must increase and intensify. We must develop expertise in this critical area.

As our population continues to grow in this country, we must reaffirm our commitment to families, to improving the quality of life for parents, for children, and for all of us. In this way, we will begin to succeed in reducing the incidence of abuse in our community.

PART I

ATTITUDES ABOUT CHILD SEXUAL ASSAULT AND SEXUAL ABUSE: MYTHS AND FACTS

Guadalupe G. Lara

The program I work in is based at the Children's Hospital in Detroit, Michigan. The Children's Hospital is the largest hospital for children in the state of Michigan, and is known nationally for its cancer research for children. In Detroit there is a very large Hispanic population. The Mexican-Americans comprise the largest sub-group followed by the Puerto Ricans, and lately a tremendous number of Cubans has been coming directly from Florida.

Since this is an urban setting, we do come in contact with some migrant families, but not many. Those that eventually get to Detroit, usually come because they need services not available in rural areas surrounding Detroit. A lot of people from the southwestern states have not gotten the message that Michigan has closed its doors to migrants because of the tremendous problems of unemployment in Detroit and the surrounding areas. Welfare assistance and other services are not available to families that do come, and cannot find employment. For those who become stranded here and need assistance to re-settle, we provide money to buy gas to help them get back to the Southwest.

The families that we work with in terms of child abuse do not constitute one specific group. I cannot say that we work just with the migrants, or with any one particular Hispanic group exclusively. In our work with Hispanics you need to have a great deal of flexibility and to recognize diversity. For instance, among Mexican-Americans, some are Chicanos, some are Mexicans, some come directly from Mexico, some are from rural areas and some are urban. Everybody has a different situation. You always have to remember this. Whatever information you are going to be utilizing, cannot just be taken and applied indiscriminately. You have to assess the needs in your own individual towns and individual communities, and then apply it as such to individual families.

In 1973, Children's Aid Society began a protective service program. It is the largest private child welfare agency in Michigan, and the Children's Hospital is the largest hospital. These are two separate agencies. They have all types of programs, primarily foster parents and adoption. They have long recognized the type of child abuse that had not been successfully dealt with in Michigan or in any other state in the United States. Children's Aid Society has developed a specific body of knowledge and treatment approach to this problem; as a result 800 children and families have received services during the past four years. Their program was named Special Family Problems Services and was funded by the local Department of Social Services. Family Problem Services specifically deals with incest, and as the program began to achieve success. We did not label the problem "Incest and Sexual Abuse" because we found in working with children and families that have encountered incest, that the label has become traditionally a stigma; that is, when a family is known to have incest, society automatically rejects that family. The traditional approach to child sexual assault and abuse has consisted of a policemen coming to the door of the house and saying "We heard that your family is doing this." In using this approach, you are depriving the family of a good prognosis for treatment or for proper engagment of that family in treatment. The family will undoubtedly see you as the outsider. This is why we named it Special Family Problem Program.

However, there does exist a need for similar services for non-family, sexually assualted children's service in that area. I am sure that if public and professional concerns about children were identified, such as pornography and prostitution, pressure could be placed on the agency to employ and expand its expertise to serve also this group of children and their families. The Detroit Police Department statistics revealed that in 1976 over 400 children under age 13 were reported as criminally, sexually assaulted by non-related family members. The Children's Aid Society then began a 5-year project to accept these children 12 years and under. This was possible because this same group had already worked to develop a project to assist adult victims of sexual abuse working right out of the Detroit Police Dept. However, there was no provision made to serve these children at this particular hospital.

The Child Sexual Assault Program at Children's Hospital was developed to provide comprehensive social services to children and families when the child had been sexually assaulted, including not only rape but also attempted sexual molestation of the child.

The Program was divided into 3 phases. Phase one of the Child's Sexual Assault Program, crisis and prevention, consists of reaching out to children and their families to deal with the immediate crisis they are experiencing, from assault, attempted molestation or rape. This is especially needed by many families, particularly the Hispanic families, for whom these are new areas of concern for which they do not even have the language necessary to describe the problem in a proper way.

It can be very frightening when you take a child who has been sexually assaulted to an emergency room; because, often the doctors, especially if they are not trained in child abuse, may automatically assume that you, the parent, abused the child. If you are Arabic, Hispanic, or of any other different culture and speak a different language, you may not understand the English language, but you can understand body language that communicates what they are thinking. These people are mandated, to report to the police department. But a social worker, or an outside agency, may be the first to whom this family reports so that worker or agency should be very instrumental. This program was designed so that upon receiving information that a child had been assaulted, the family can be promptly contacted. The receiver can be anyone, the parent, the school, the police, or the hospital.

In our outreach to these families, we describe some of the ususal reactions the child might have as the result of being raped or molested, and what the parents might expect in reference to future behavior. We offer comfort not only to the child but also to entire family particularly in cases in which the act was brutal, or violent, or homosexual. These aspects generate a great deal of parental anxiety. This is a significant point because children react to all things as members of the family unit. Unfortunately, children are not like adults; we have a choice; we can speak freely. If the problem is within the family, we can just leave. I do not think it is always possible to just leave, unless it is something really brutal, which I have yet to see, but adults do have more options. Sometimes the mother and father might stop talking when the child walks into the room, and the child may perceive this silence as an indicator that somehow, what happened was his or her fault. These children internalize this guilt. In the traditional Latino family, we ordinarily do not deal with sexuality; whenever this subject is brought out, it is hush, hush, "cosa de los grandes," and you do not talk with the kids about it. If we have not accepted our own sexuality that compounds the problem when one of our children has been a victim of this type of crime. Another example might be that in their anger, many times fathers feel that they cannot relate to their female children anymore, and the child is not capable of understanding why papa no longer wants to look at her and does not want to talk to her; she may automatically assume that the father no longer cares for her or loves her. This of course adds to what the youngster might be experiencing in reference to the assault. It is important for parents to understand that their behavior strongly influences how the child can adjust to the assault. When a child breaks an arm, it usually mends rights away. When a child experiences an emotional upset, she will get over it, but whether or not the child has a good prognosis depends on how we, as adults, who may harbor various types of prejudice, affect that child. It is really up to the adult to help the child overcome the problem.

The second phase, besides working with crisis, is aimed at the reduction of stress. It is also an effort towards educating the community. This component is wholly integrated into the program through speaking engagements on sexual awareness and assault: presentations to community groups which range from Weight Watchers to church groups and P.T.A.'s–everybody that we can possibly reach. Community education is essential because if this program phases out, or the Texas Migrant Council phases out, then we will at least have left a base on which people can continue to build on. They can educate their own children, and other children in their communities. We also do in-service training with other professionals to enhance their knowledge and sensitivity concerning child sexual asssault and abuse.

An important aspect of this component is our role in the school system for training to develop special awareness and self-protection skills with children ages 6 through 17. This is very important. In Michigan there is sex education, but some parents are trying to get it out of the schools. It will not make very much difference, because the kind of sex education that they are giving is not very specific, and not really related to the times, to the reality, to what is going on in society. If you are doing a presentation and you give great information, but you do not relate it to their present circumstances, it is not going to make any sense. A problem is that a number of teachers doing sex education are not really in touch with their own sexuality; therefore, the message they give to the kids is that sex is not good because they do not feel comfortable standing up here telling them about it. It does not really register with the kids. We are not given permission to go into the school system and give sex education; so what we do, is play the political game. We tell them that we are coming in to do education for crime prevention, and that we are going to include prevention on sexual crimes. Once we get in there, the kids respond so beautifully; they do not have all the inhibitions that we have; they will ask questions. They want to know how it happens, and what happens; and even what abortion is. Before you know it, you are doing sex education. It is important that if the parents are not doing it, somebody should do it. It is better that they learn it properly, than that they learn it in the streets. The presentations to the school children are greatly enhanced with the distribution of brochures that we have printed. The brochures are particularly helpful if they did not learn much from the presentation. The brochure consists of a cartoon. We have some in Spanish which we are going to turn over to the migrant clinic to see if they have funds to develop and print it. We make it available to the Spanish agencies and others serving the Hispanic families. It is called "My Body Belongs To Me," and it is very basic; it shows a little girl that is crying because somebody did something to her, and it shows the mother saying, "What? What?," and the child saying, "Well, I can't tell you"--a very typical response when sexual assault happens, not only to children, but also to adult women who do not feel secure about themselves and their sexuality. They always think that it was something that they did, and that it is their fault. The object of the brochure is to address these feelings, and to let them know that their body belongs to them and not to anybody else.

Phase II is called "restoration of the normal family function." It includes the continuation of Phase I and Phase II with an added direction towards prevention. In this stage we continue to provide support counseling as needed by families, towards the resolution stage of the problem. The goals of the child's sexual program has been achieved through the development of some special services methods.

In the first one the social worker uses pictures and stories to help both children and parents to learn to discuss body parts and sexual manners with less anxiety. With Latino families we always have to start first with the parents, particularly, with the mother who is the one in the family primarily responsible for parenting. There are several sex education books, that are available for children. Sometimes I have to go through the whole book with the mother first, so that she can feel comfortable seeing the words such as penis, or vagina. It is important because when they go to court, they will be asked what happened, and a common problem which often arises is that the child, or even adult women, will say they did "something bad." The witness may get nervous and start crying and get upset, and in the cases with children, it is twice as difficult. For this reason we encourage the children to be very comfortable seeing those cards. They should feel comfortable because there in nothing dirty or bad about it; it is only what we, as adults make it. How many of you have children to whom you have said: these are your eyes, nose, fingers, but you fail to mention the private part, as if it did not exist? In women, it is even worse; it is as if the part is not even theirs; that it is just there for a later time, when they get married. And at that time it is to become "his." So we try to get parents to deal with that, and to learn to feel good about it.

But first you have to start with the women, because they are the primary ones concerned. Sometimes with Latino families, the father becomes very angry about letting you come there because it is their sacred ground. You have to be very smart about it. He really wants to know what is going on; he does not know indirectly, but not until he feels comfortable with you. Then he will probably join you after the sixth session. It is better late than never.

We must realize that this story is built into a counseling process directed at the reduction of the negative emotional consequences of the assault experience. In addition, parent group discusssions have also been used to facilitate the level of comfort of the adults with their own sexuality, the result being that they behave more appropriately and feel more comfortable with the child. In many of the cases the families were found to have other problems which predated the assault of the child. The agency's emphasis on family therapy contributed both, to the recognition and to the resolution of problems. If you are working with an abused or assaulted child, and the family is in crisis over the father being an alcoholic --not having enough food, and the electricity being turned off, you cannot just say, "I know some social workers who can help you," or, "I can't deal with that, or I have to deal only with this." You cannot do that. We have to take a holistic approach; we cannot separate each aspect and say "I can only do psychoanalysis on this child because of this or that problem." You need to look at the total situation because it is all related. Many times in working with Latinos, it may be sexual assault that brought the family to us, but that is not necessarily the chief problem, as there will be a great number of other problems that will supersede that one. As we help the family to resolve those other problems, we begin to get their trust, and this is much more conducive to engaging them in a good and meaningful counseling experience.

The second aspect is to provide information and support to the children and to the parents as they become involved with the medical, police, and court procedures. The staff is usually present at these events as they occur, to support and advocate for the child. A constructive preparation technique that we use, is to involve the abuse child and the family, especially since a lot of the families have never been to court. I heard Mr. Obledo, talking about how all of us probably have a relative involved in the judicial system, but it has been my experience in working with child abuse, that the family does not know what to do or what is expected in court, and it can be very frightening. What we do is stage mock trials. Somebody from the staff--we usually try to get a male to role play the judge. Chances are that it will be a male judge, who puts on the black robe and sits there in a small room--the hearing is usually in closed chambers. Something that all of us can work toward is not being afraid to challenge a judge or a prosecutor. We usually start with the prosecutor and tell him that our client will not want to testify when she sees all these people in court. The object is to make it easier for the clients to express themselves and to make the court experience less traumatic for them. Those present will be the judge, the attorney for the defendant, the prosecutor, the child, mother, social worker, police and maybe another investigator from the Sex Crime Unit.

The last part of this program is well-established; that is, it is a resource for yourself and for other professionals to increase your understanding, and to develop appropriate responses in your contact, especially with assaulted children. The response to information and treatment alternative has been essentially positive. Our staff of six is not enough to do national conferences; we have to be very specific. Because I am Hispanic, I have a special interest in Hispanics.

The major impact of the program in the last year has resulted from extensive community and professional information activities. It is probably a good estimate to say that we provided sexual assault services to more than a thousand families within the Detroit area. Not all of them were specific cases of rape. I have not mentioned other audiences that we dealt with in terms of general information. The more extensive groups that we provided service to were parents/clients; this was done in six weekly sessions. I had a group of Latino mothers; Mexican-Americans, Puerto Ricans, Cubans, and some Mexicans. In terms of their children who had been victims of assault, they felt that they had failed, and they also felt that their child had been damaged, that this child would not be "appropriate" for life and would probably choose not to have any children. These are just some of myths that people adhere to, that we deal with during the weekly workshop. Often the mothers did not want to come. Some that did come, had husbands who did not feel good about their coming to the workshops. So we tried to incorporate into this educational program an outlet for socialization for these women. Once a month we would have a tertulia and when we started doing that, we started having great success in turnouts for the group session. It was just a matter of labeling, but it was still group therapy, with a different name.

We started by doing outreach because even though we were getting many referrals, most were dropping out. It was necessary to develop a program beyond individual and family, treatment, to deal with lack of information, and avoidance and anxiety about the child's sexual abuse and assault.

During the development of the program, we discovered that even with the various types of outreach, we were still missing many cases which were not being reported; or were cases involving adults who were not willing to seek help. Somehow, they were falling through the cracks somewhere between the police and the medical institutions, and not coming up again until they had another incident.

The program based at Children's Hospital in Detroit, is similar to the one of the adults, which is based out of the Detroit City Hospital. The difference in the case load is incredible. An average caseload for either abuse or assault, per month, used to be never more than 45 or 50; now that we are in the hospital, in one month the average this year has been over 100 cases. In March 1981 we had 150 cases. I imagine that we are not the only hospital that gets cases, but we are the only one that records them, and tries to work with the families. Some cases of long term incest are sometimes referred to the psychiatrist. Our program is trying to continue the educational component, but now that we are in the hospital, with so many cases we have to concentrate on treatment. Our conern has always been that if we are just doing treatment in the hospital, all we are doing is putting a band-aid on the problem. Something is happening out there in the community to cause it. Our primary responsibility should be out there, to find out what is causing all this stress and child abuse, so that we can help the community to develop a good prevention program. But again as Mr. Obledo was saying the funding is not there...Prevention has never been a priority, for some reason. Treatment is the priority. I would think that it would be the other way around.

We are trying to incorporate a volunteer component, but it has been very difficult because most volunteers want to work with children. When they see that they have to deal with adults, they have a lot of difficulty accepting it. A number of our volunteers are professional people, who have degrees but who do not have jobs. They want to be in touch with some kind of an experience related to their profession. We ask volunteers to go through an awareness session for themselves before they get training and materials on how to work with children, and on assault and abuse.

In Michigan there is child protection law which states that anyone 18 years and under is considered a child, which mandates professional persons, teachers, social workers, nurses, or doctors, to report cases of sexual assault or abuse. If they do not report, they are liable and can be prosecuted, and can be sent to jail.

There is a very interesting case right now where a teacher and a counselor recorded a case of a young teenage girl who told them that her stepfather was making sexual advances towards her. The teacher and counselor did not report the case, or do anything about it. The girl graduated and moved to Wisconsin. Now she is 19 years old; still feels overwhelmed by what happened. She has sued the school district, the principal and the teacher because they did not report this case which would have helped her. She is going to win, because it is written in the law that you have to report. Teachers and professionals take it very lightly, thinking that it is not their responsibility to do this, but it is.

Sexual abuse refers to any type of a sexual advance, whether it is just molestation or penetration, by a blood relative, or somebody that the parent left in charge, such as a baby sitter, godmother, neighbor, or a boyfriend. It does not have to be a blood relative, but somebody in whose care the parent left the child. So you, the parent, are responsible for that because you need to know with whom you are leaving the child. I am not saying that we prosecute parents who left that child, who is physically or sexually abused. Rape is a special molestation or penetration by a blood relative or somebody that was left to care for the child.

I am not taking about the kind of sexual assault that you read about, in the papers which is really blown out of proportion; for example, the traditional rapist or the criminal rapist, who takes a child and abuses him or her in the manner of the Altanta kids who were sexually abused, and the child may even be killed. First, out of 600 cases last year only 12 were actual rape cases; the others were molestation, touching, kissing, fondling, by the father, stepfather, the mother's boyfriend, or by siblings.

At a certain stage children begin to find themselves sexually. They feel a lot of things inside; some kids even have wet dreams, but they cannot go to their parents and tell them about it, because they will say to the kid, "¡Hay que huerco cochino, vete!" So the kids do not know the facts. Like menstruation, girls do not know about it. All the mother tells them is "Here put this rag on and go away." They do not deal with it. So kids act out these feelings with each other. If a teacher finds out, or a neighbor, they overreact with "My God, it's rape." I had a little 14 year old boy, who was handcuffed and taken by the cops, like a criminal. He had not committed a crime; it was just sex play between children as they have sometimes. It is our responsibility to educate them, that what they are doing is not bad; that they are trying to find themselves and why they are feeling all these things, but that society does not accept it.

We do see many cases of incest but they are not cases that go on during the child's life time; they are one-time instances. We call them special family problems, because often the men are under stress because they have been laid off or other circumstances. Some people handle stress by drinking alcohol, by using drugs, or by doing a lot of things, even cheating on their wives; and some men have sex with their daughters. I am not referring to full penetration, but to inappropriate touching or kissing. Many kids get exposed to that, and sometimes they do not even know that it is a crime, because their father has let them to believe that it is okay. But it is not okay. We do not report cases like this to the police. We go to the homes, and talk to the mother. She will deny it, because she is scared that this is going to be very detrimental to the family. The lady may say that it is a lie. I usually say "It must be causing a lot of problems for your families, if this kid is going around telling all those lies around the community," she will respond that, it is, and she is relieved because she feels that she can get help. Next "Why don't we make an appointment and let's try to get as many of your family members as we can. Let's talk about why this is happening." We do not focus on the incest; we focus on what the family dysfunction is and on what is going on in the family. Once we do, we see that incest is just a symptom of the overall problems of the family.

One of the things that has made our program successful is that we go to the families in their home. The first visit is always an aspect of reporting and is done within 24 hours in cases of incest, not in cases of assault. Once we engage the family, it becomes easier. Our goal is to enable that family to become independent and self-sufficient.

As we work with all kinds of people, Arabic, Hispanic, American Indians and Blacks, not only in the project but city-wide, we have not found any difference in their reaction to the problem of incest among the different groups. The difference has been that there is more resistance from those who live in the rural areas. I think that lack of knowledge, lack of information about services and fear promote the resistance. Men have come out with guns when we have tried to visit. They say, "This is my house and this is my family, and I will do whatever I want to do." There are families that are not amenable to treatment, so we have to go to the court, get a court order, and depending on the situation, remove the kids from the home which can be unfortunate. Those kids are usually placed in an orphanage. They often feel that they are the ones that committed a crime, since they are the ones that are being punished. I would rather see a kid with his family no matter how bad it is.

You can do only so much, with some families who feel that this is their house and can do anything with their daughter. I will tell them that this might have been true where they were coming from, but the reality is that in Michigan we have this law, and that they do not go by the law then they are going to take the kids away. This usually works.

Families of children who are victims of incest, are usually in therapy for about a year. It is usually very successful except with a few parents who do not cooperate. Even though the police become angry with us, we do not encourage prosecution. We believe in keeping the family together. We assure that family that we are not going to encourage prosecution, and urge them to continue with the sessions, to make sure that the child is not endangered anymore. We only use the court if the family absolutely refuses to cooperate and we become concerned for the child's welfare.

ALCOHOL AND DRUG ABUSE: A CONTRIBUTING FACTOR TO CHILD ABUSE AND NEGLECT

Celestino Mindiola III

Before beginning my topic, I would like to direct your attention to the title "Alcohol and Drug Abuse, a Contributing Factor to Child Abuse and Neglect." The title may be interpreted in either of two fashions. It could be understood as a direct statement addressing a particular issue; it could also be understood as a question, the answer to which remains an enigma. You as a professional, listener, and observer, will be given the opportunity to choose.

I will not speak of parents that abuse children as a result of alcohol or substance abuse, but rather of children, who for some reason or another, are, or have become, abusers of alcohol and drugs--children whose parents, out of desperation, resort to physical maltreatment as a means of controlling this deviant behavior, reaching a point where efforts seem fruitless, they simply give up. I will be referring to parents of this day and age facing current problems at home.

It is at this late stage of the game that these children become involved with the juvenile system. Oftentimes, parents feel that this is perhaps the best thing that could ever happen to their child. Unfortunately, the system, at times, does very little to alleviate the problem. Even more tragic is the stigma and emotional trauma that result from the contact with a system never geared to deal effectively with this particular type of child.

The juvenile justice system was an innovation designed to alleviate the pressure on the criminal justice system. During the late thirties (30's) and through the early sixties (60's), cities experienced a rapid population growth. Urbanization brought about a skyrocketing crime rate which is still being felt throughout the United States today. Courts were unable to deal effectively with the soaring referral rate, and were even less successful in dealing with youth-oriented crime. The implementation of the juvenile justice system, closely resembling the criminal justice system, was inevitable.

To help you understand the system's working process, I have designed an illustration outlining the system's major components. This system may differ in function and design from state to state.

The system is first activated by crime. This can be a violation of federal, state or municipal laws. Crime is followed by arrest -- the apprehension of a youth offender. Law enforcement agencies are designated for the duties of arrest, and arrest can follow one of two forms:

1) An officer can make an arrest if he/she observes a crime being committed within his/her presence or view.

2) An officer can make an arrest if an investigation reveals evidence against a suspect. He secures a warrant from a magistrate and makes the arrest. Booking

is the formal processing of an offender into the system. It is composed of five basic elements:

A) Notification of charges
B) Reading of rights
C) Notification of taking child into custody
D) Police reports and narratives
E) Notification of parents.

NOTE: Bookings in the State of Texas are done at designated areas mandated by the courts. They are not to be done in municipal stations.

After booking has been completed, the child is turned over to the intake unit of the juvenile probation department. The primary responsibility of the unit at this stage is to decide whether to detain or release the child. This decision is not based only on the circumstances surrounding the event; one of the following factors must support the outcome:

1) That the said child is likely to abscond
2) That the said child is likely to be removed from the jurisdiction of the court
3) That suitable supervision is not being provided for said child.
4) That said child has no guardian
5) That child provides an immediate threat to self or others

Provided that the situtation is supported by the above, and a decision to detain has been warranted, a detention hearing must be scheduled within a specified amount of time. The proceedings are held before a magistrate and are closed to the public. The primary purpose of detention hearings is to determine probable cause meriting further detention. The child is confronted with the charges and is represented by counsel. If the child is further detained, the prosecution will prepare a petition for formal judicial processing. This must be done within a ten-day period. Usually the intake staff further utilizes the time for investigative purposes.

If release serves in the best interest of the child, the case will be diverted from the justice system. This can be accomplished by either referring the child to an agency which would best meet its needs, or by monitoring done by the intake unit through informal means for a specific amount of time. At times, alternative methods are fruitless. The case may simply be referred back into the system for formal processing.

Prosecution throughout the state of Texas is managed by either the County or Dis[illegible] Attorney. This will vary according to availability or geographic locations. Petitions are prepared and filed with family-designated courts. They in turn, analyze the facts which render an adjudication preceeded by a disposition or move for a dismissal. Probation, institutionalization, and parole are the last attempts to cycle the child out of the system. Lack of cooperation of a probationer or parolee will subsequently lead to revocation of probation or parole. Unfortunately, this only reiterates the process.

Offenses committed by children are categorized as "Delinquent conduct" or "Child Indicating a Need for Supervision." "Delinquent Conduct" includes "Class B" misdemeanor all the way to felony "1" offense. Class "C" misdemeanor or status offenses are classified under the category, "Child Indicating a Need for Supervision."

It is important at this point to note that the juvenile justice system serves three basic functions. Diverting is the first alternative considered. Children often confront the system as victims; and therefore, efforts are made to channel them out of the system. The second function is to process those cases which merit institutionalization. It has the responsibility of utilizing the community resources for the purpose or rehabilitation. Every effort is made to provide the child with the tools that will lead into a more meaningful and productive lifestyle.

1,084 cases were referred to the Webb County Juvenile Probation Department in Laredo, Texas last year. Approximately 491 were first time offenders. Fifty percent were referred for alcohol or substance abuse violations. Fifteen percent of these abusers were processed by courts in efforts to prevent or control existing behavior. The remaining number are unaccounted for. A possible explanation is that these individuals, yesterday's youth, are today being dealt with at the criminal level.

By the time a youth is referred to a juvenile agency, he has already been exposed to various degrees of discipline. This may include oral and physical maltreatment which has been administered at various stages of development. These attempts have been manifested by family, relatives, school officials, and law enforcement professionals. By the time they reach our department, their impressions of authority figures are quite negative. In the eyes of the child, we become obstacles to his defiance, making the situation extremely difficult to deal with.

Regardless of their classification as "Delinquent" or "Child Indicating a Need tor Supervision," youths referred to the Webb County Juvenile Probation Department possess the following characteristics:

1) Male (85% referral rate)
2) Fall between age group of 14.5 - 16.5 years of age
3) Mexican-American
4) Presently suffering from adolescent maladjustment
5) Associate with older more sophisticated youth
6) Academically frustrated
7) Come from a two parent home
8) Are the middle child in a family of five (5)
9) Have no means of effective communicating with parents
10) Frequently come from a family in a low social economic bracket, but not exclusively
11) Possess a high sense of distrust towards authority figures
12) Have not received any kind of motivational assistance
13) Have abused alcohol or drugs on a daily basis

The parent that accompanies a child during an intake conference after an offense has been committed, possesses the following characteristics:

1) Is female (majority are mothers)
2) Falls between 35-45 years of age
3) Is Mexican-American
4) Is dissatisfied and frustrated with family life

5) Is attempting to acquire job-related skills or is presently employed
6) Feels that there is no one, to support her emotionally
7) Is not hesitant to say that they can no longer cope with the child's behavior
8) Has never made an effort to seek outside professional help
9) Admits that the child's problem could have been prevented
10) Is desperate for advice

CONTRIBUTING FACTORS

There are several contributing factors to drug and alcohol abuse. One such factor is the availability of intoxicants. These are available everywhere, and the family must be on guard at all times. Geographic location play a significant role. In Laredo, if a child is unable to purchase or consume alcoholic beverages where he lives, all he has to do is cross the border into Mexico.

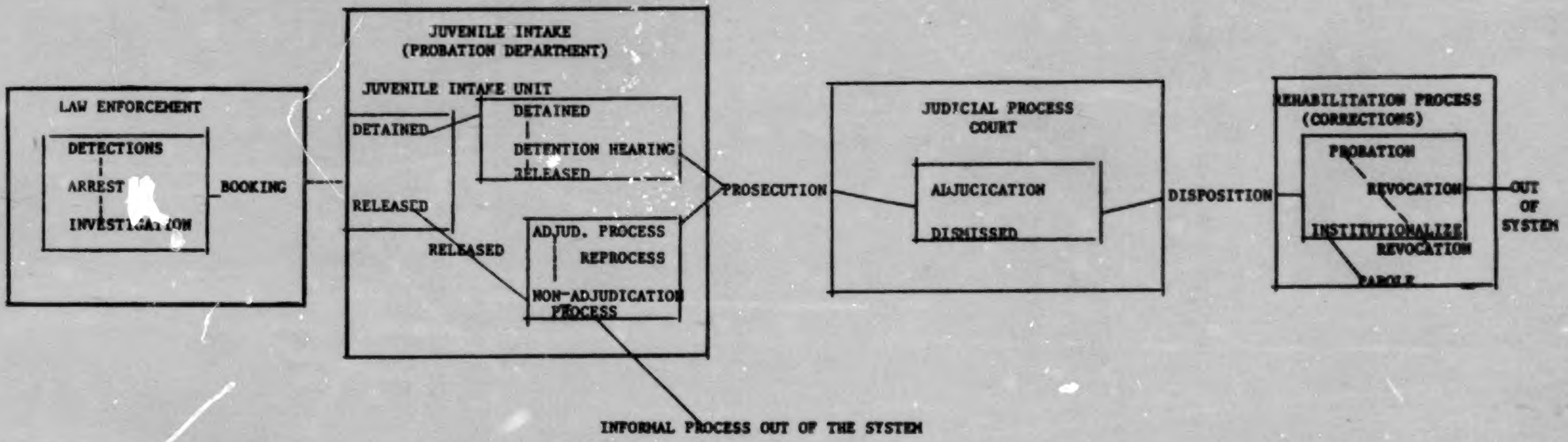
Existing laws often depict irresponsibility. A proprietor (in Texas) is not required to ask for proper identification prior to the purchase of beer by a minor. The support and promotion of programs and campaigns to discourage the use of alcohol and drugs are essential. These campaigns should not be limited to public broadcasting, but institutionalized in various areas where children have frequent contacts. Lastly, the community itself contributes to the problem. The apathetic attitude taken by the citizenry often gives rise to drug-oriented problems.

The following are some recommendations for alleviating the problem of alcohol and drug abuse among youth:

1) Develop and implement counseling programs specifically designed to address various areas of family relations, and which are made available to indigent families.
families.
2) Continue to support existing agencies involved in the study of alcohol and drug abuse.
3) Establish and maintain a working relationship with Mexico, and utilize it to facilitate the exchanging of information.
4) Halt the use of the juvenile justice system as the ultimate solution for family oriented problems.
5) Develop effective preventive programs to discourage the use of alcohol and drugs. The program should be made available to the immediate community, but should not be restricted to that area. All efforts should be made to make drug awareness an integral part of the educational curriculum.
6) Continue develpment of parent education programs to enable them to become effective parents.
7) Prosecute parents who fail to assume supervisory roles.

NOTE: information gathered for this report was taken from Intake Interviews and Juvenile Statistical Reports.

JUVENILE PROBATION GENERAL PROCESS SYSTEM


LAW ENFORCEMENT
DETECTIONS
ARREST
INVESTIGATION
BOOKING
JUVENILE INTAKE
(PROBATION DEPARTMENT)
JUVENILE INTAKE UNIT
DETAINED
RELEASED
DETAINED
DETENTION HEARING
RELEASED
RELEASED
ADJUD. PROCESS
REPROCESS
NON-ADJUDICATION PROCESS
PROSECUTION
JUDICIAL PROCESS
COURT
ADJUDICATION
DISMISSED
DISPOSITION
REHABILITATION PROCESS
(CORRECTIONS)
PROBATION
REVOCATION
INSTITUTIONALIZE
REVOCATION
PAROLE
OUT OF SYSTEM
INFORMAL PROCESS OUT OF THE SYSTEM

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CULTURAL STRENGTHS AND CLINICAL INTERVENTION STRATEGIES IN WORKING WITH THE LATINO FAMILY IN CHILD ABUSE AND NEGLECT

Tomas Martinez, Gloria De La Cruz, Rogelio Tabares

Dr. Tomas Martinez is a Professor of Psychology at Pepperdine University in California, and coordinates a Program in Community Clinical Psychology. He also serves as Director of the Latino Services for the San Fernando Valley Community Agency, in the North Valley of San Fernando in Los Angeles, an area that has a population of approximately a quarter of a million Latinos.

Gloria De La Cruz is a clinical Social Worker with our Program entitled "Manos De Esperanza." It is a family crisis, out-patient program providing mental health services to Spanish-speaking families. We have a caseload of about 100 extreme-crisis and serious problem families. Gloria will speak about the program, and will describe some clinical strategies which are particularly helpful in Working with child abusing families. We provide services on a clinical basis to families referred to us.

Rogelio Tabares is the Community Outreach Program Director. He will be talking about outreach strategies, and particularly strategies that might be helpful to use with families in approaching the community. We found out that without the community's help, we really could not provide those services that were really needed. We will be looking at a total support system of programs and services.

I want to present an overall view of the mental health status of our population, and some of the overall statistics. As a community psychologist I think we need to look first at the people with whom we are working in general. Some of the statistics included in the most recent census give us some idea of who we are. One of the most startling statistics, of which you should be aware, is that Americans are getting older. The average age of American citizens, is approximately 30-32 years. However Latinos, as a group are younger, with an average age of approximately 22 to 23 years. Almost 40% of the Latino population is below the age of 18. Statistics also show that there is a large majority of us who maintain some level of bilingualism. About 60% speak primarily Spanish. Other important statistics reveal the educational level and economic advancement achieved by Latinos. In terms of education, Latinos have a median of 8.5 years completed as compared to the completion of high school or its equivalent, by the majority.

We usually work with the urban migrant population, who manifest some of the characteristics mentioned. Most of the people that we serve are living on an economic subsistence level. For example, a woman with four children who is making $400 a month may be paying as much as $350 a month for rent. There are various types of problems related to the urban migrant which are similar to those the migrant in the rural communities experiences. There is little difference between them. The differences are mostly in the way that problems are approached and resolved.

Another aspect of our service is the sharing of our oral history. We emphasize throughout our services and our programs the value and importance of history. Much of what we do is to encourage people to share their history: where they come from, what kind of family they have available to them, what kind of family have they left, whether they come from Mexico or another country. We see a mixture of Latino people. We serve Mexican-Americans and Mexicans, as well as Cubans, Puerto Ricans, El Salvadorians, and others from countries, that are experiencing violence and political turmoil. There is a large influx of these populations into cities such as Los Angeles. Many of these families, particularly the children, are suffering trauma and shock from the experience of immigration from these countries. We consider it very important to get them to express themselves to help them examine what it was that brought them to this country, what is keeping them here, and why they had to be subjected to child abuse and neglect laws and regulations. The child abuse reporting laws, and the process which one undergoes as the result of abusing a child is oftentimes not clearly understood by our clients.

The last major area in terms of status, has to do with value orientation. I was involved in a consultation group reviewing parent training programs, trying to determine what kind of values might be different among Latinos as contrasted to the values of other families of the majority culture. I think we were able to agree on two main concepts that are unique to our culture. One is the concept of familia, both in terms of the nuclear and the extended family. And the other is the concept of language, which includes communication. As Latinos, oftentimes, we need to be viewed as a part of a family. In terms of our support services and of those other services that we provide to our community, we assume a supportive role, not necessarily as a family member, but as an extension of the family. We become linked to the family as a supportive system joining an informal network to a formal one. We know the magic of the formal network, and the laws and regulations which the family does not know. They do know the community, and they know their resources, too. Thus we serve as the link to both the informal resources of the communities and to the formalized services, as the means of providing assistance.

The manner in which we as a population, come into the institutions is often indirect. For example, we get stopped by the police or we get a note from a teacher who wants to see us about our children. There are various networks of an informal nature that may not necessarily be responsive to our needs. Welfare and other social services are usually provided at times, when a family is under stress or as the result of regulations that have been imposed on the family, such as when they are reported for child abuse and/or neglect. Sometimes we are viewed as extensions of that same system which refers the family to us following such a report, and we have to deal with that. Mental health services, in particular, are provided for counseling those individuals who want to get back their children who were removed from the homes. We are almost the last service that they utilize and we must deal with their negative view of our program. We work from that situation by saying that we are attempting to help them to resolve the problem, as mental health counselors. It is their decision to use the services or not, but with our support they can make that choice.

We integrate these views and perspectives, and put them in the context of, "Manos de Esperanza," a family crisis intervention program. The program itself is based on a team concept of supportive services. We have a social worker, an outreach worker, a communication specialist, a psychologist, and others, including volunteers, who provide counseling and supportive services. I think the services of the communication specialist, and the importance of bilingual services need to be highlighted more. In this regard, we need to use as much of the network communication systems as possible, and to utilize more professionals and para-professionals to do so. For example, we have half a quarter of a million people in our area of service, and what we have developed in response to the need for communication, is an informal referral system. We also developed a bilingual Help-Line. For example, we know that at anytime when clients call to request assistance, or we call other agencies to refer them, if indicated, we may not get a very positive response. Mr. Tabares did a study involving 150 agencies in the area, which were listed in the directory. Every community has a manual listing the agencies and describing what they do. Seventy-five percent of 150 agencies indicated that they provided services in Spanish. We called them in Spanish posing as clients experiencing a crisis and as workers, needing to refer Spanish-speaking clients who were experiencing a crisis. We reached 25 agencies that actually had somebody on a professional and/or para-professional capacity who spoke Spanish and could help. Often, we got clerical staff or janitors, and at other times we got hung up on. We got some people on the phone who asked us "Why don't you learn the language?" We therefore, came up with the idea of the Bilingual Help-Line. When people call, they know that they will reach somebody who speaks Spanish. They do not need to go through three to four people to explain what kind of help they need.

The other component of our service is networking. We screen our referrals to the people that will provide the services. If they do not respond, they will be taken off the referral list. Our referral services range from providing information about mental health or medical treatment, to providing information about baby sitting, day care, and legal counseling. We have access to a broad-range network for referrals; and we also provide counseling and treatment services.

"CLINICAL STRATEGIES"

Gloria de la Cruz

I have been with Manos de Esperanza for two years. I am going to talk to you mainly from a clinical perspective. If you are an outreach worker, you will also find this to be useful information for working with individuals or with families.

Something that is important in clinical intervention is flexibility. It is also necessary that you know your client as well as that you know yourself. This is the most effective way of responding to a client, whether the client is a child abuser, a sexual abuser, a battered woman or a child abuse victim. There are many different ways of being appropriate with our families, the Latino families. Some people need to be touched, some need to be kissed, and others need to have their distance. I think it is part of your responsibility, in your role as a therapist, to know what is effective for your client. In working with Latinos it is essential to get the client to come in and talk about his or her problems. In this regard, the greeting, and your ability to be flexible are really important.

What is also very important is having basic skills and information. Our clients do not ordinarily come in for insight psychotherapy or psychoanalysis. The majority of the clients we see are child abuse clients, who have been referred by the courts. We are the last persons that they see after they have been with the police, to the hospital, or to court. What they need immediately is basic information as to why they were referred to us. Some of them do not know; some are very confused. Another important intervention objective is the identification and clarification of your role and their role. Clarify that you are not a police officer, a probation officer, or a judge, so that you can work together effectively.

Question: Is that to get information?

Gloria de la Cruz:

Obtaining information is very important in working with our clients. You can ask a person "What appears to be your problem?" as you might do in other settings, and they will deny that they have a problem. It is up to you to probe into the situation to find out what is going on and what the problem is. In a different setting you can ask clients "What is it that brings you here?" This approach is not applicable to our type of clients either.

The point is that there are different ways of identifying the problems which the family is experiencing. The object is to understand what works and what does not work with different clients.

We have been conducting three groups as the intervention strategy for working with child abusers and battered women. The first one is a Parent Education group. A colleague and I ran a Parent Education Program for six months. The group was started because of the number of referrals that the agency received regarding child abuse. The people we were seeing are Latinos who migrated from countries such as El Salvador, Cuba, and Puerto Rico. With them we discussed culture and family discipline. This discussion led into the exploration of the different types of issues related to discipline. We also discussed child development and perspectives on cultural development.

We translated some of the teaching materials on basic information into Spanish, to assist the parents in their understanding of the psychological development of the child, such as when is a child normally dependent on them, or when a child appears to be acting up by crying and not wanting to separate. We also discussed nutrition. Many children go to school without breakfast, and/or go without school lunch because the only food served, does not appeal to them. They are used to frijoles, arroz, and tortillas. We discussed what happens to children who do not eat properly, and how really difficult it is for children to learn if they are hungry.

The other group deals with the psychological impact and trauma caused by immigration. This group was first intended for battered women, since 60% of the women that I was seeing were battered women. I decided to consider also for the group women who were coming here from other countries, traumatized, because of the process of migrating to this country. They come here with all kinds of myths, such as thinking that "money grows on trees," that everything is going to be easy, that all the Latinos, Mexicanos, or Chicanos are in Los Angeles; so everybody goes there. They are shocked when they arrive and discover that jobs are not that easy to find, and that those that are available pay only $1.50 an hour. Some are scared of the "migra." As a result, they may not let their kids go outside or their husbands may not let them go outdoors either. Their children learn English and the parents get scared to death because they do not understand English. So they encounter many problems. We decided to focus in the group on the process of immigration.

The language creates a real conflict for many of the women that come to the group. They want to learn English, but they are scared to learn it for two reasons; if they learn English, then maybe they are not Latinos anymore. These women strongly resist learning English. If the husband does not learn English first, it is even harder for them to learn English, because the language becomes a real threat to him. First the children learn English in school. Second, the wife also learns English, and the husband does not have the time to learn the language because he is working ten to fifteen hours a day. That is reality for most families. Learning English is hard even under the best of circumstances. For this reason we talk constantly about the importance of learning it and encourage them to stay with it.

Rogelio and I, organized another group for persons who are referred by the court and who are on probation. We started it with basic introductions, by putting up on the walls big sheets of paper with the question "¿Quien Somos?" Essentially what we have to know about the clients is, what it is that they are going through. For instance, we know that being paid low wages and having to pay high rent make clients angry. We begin by talking about how they deal with this anger. Two people have already left the group. They completed the groupwork successfully, and they are no longer on probation. One rejoined the group because it really has served a purpose for him. In the group he is able to express his feelings freely. In addition, the members also learn about the differences in this country and how to cope.

The most important thing about the group is how it developed out of need of the people that are coming in for services. We had no idea who would be coming in for services. They came as they were referred by the probation department. To satisfy the requirement of the probation department, we ask the clients to turn in a signed slip of paper each time they attend a session. After they turn in three of the slips, we write a letter verifying that they are continuing to come, and are making progress. They will not get the letter unless they attend. We had to require the signed slips because some would not come regularly--some were frightened by the group experience. It was difficult to verify progress if we did not have ongoing contact with them. Since they are required to have the letters of verification when they report to court, they come regularly and turn in their signed slips.

Rogelio Tabares

I am going to be talking about outreach from an organization standpoint. I have been able to identify at least eight different components of outreach. First I would like to describe the process that we follow, not only in community outreach, but also in clinical work, and in other facets of our work having to do with the community. All of us here have gone through a process in making adaptation to the culture. We have all gone through some changes. I am a Mexican citizen who came here when I was five or six years old. I was educated here. I received a degree in this country. I think what is important is that we are now part of this system. I am going to make an analogy that I think is pretty representative of the feeling that I am trying to convey. It is very difficult to hunt an animal, unless you have studied its habits and its capabilities. You have to become as one with the animal. Your survival may depend on how well you learn to play the hunting game. To be an effective community worker you also have to learn to play the game. Learn what is out there, and learn how to use resources in the interest of those who need your help. We have to teach them also how to play the game. To help those who are referred to us for help, we have to know how the Department of Social Services works; how the police work, how the different people work who are involved in the lives of these individuals that are somehow reported for abuse or neglect.

We need to know something about the system, and we need to know a lot about the community. It is very difficult to make changes in a community when you know very little about it. Even if you have a very good understanding of the culture, you have to study each community in depth, for each community is different. I am from the Colonia Tacuba in Mexico, D.F. I relate easily to somebody from Jalisco and somebody from Veracruz. I am aware that we speak different dialects and use different regional expressions which we have to understand. Somebody from Chile is going to see the world a little bit differently than somebody from Guatemala or somebody from El Salvador. We need to be very much aware that Latinos, Mexicanos, or Chicanos are not identical. We need to be particularly sensitive concerning diversity when doing outreach. Sensitivity to diversity will enable us to be more effective with clients. It may even help us as professionals, to deal with professional survival.

Outreach means that we go out and try to identify people with special needs which are not being met, and we try to provide services to meet those needs. We have to start by fully understanding the community we are attempting to serve. There are a number of essential tasks we have to achieve in the process. The first is making a general community assessment. The second is examining the reasons why people do not utilize the services available. The third is implementing case-finding efforts. The fourth is identifying and assisting clients to obtain those needed services. If we have somebody coming in that has a particular need, it is our job, our goal, to try and match the needs with the services. Sometimes that involves making appointments for people; occasionally we provide transportation. The fifth task is providing on-going advocacy. The sixth is providing follow-up services. The seventh is disseminating information to the community on services available. The eighth is doing community education. Essentially this is what we do. We find out what the needs of the people are; we try to find the services they need and we also follow up to see if they received the service.

I think that community assessment is essential. The community here in Laredo is very special; it is unique. It is different from the community in East L.A. or from some other part of the United States. We need to find out what the unique characteristics of a community are before we start talking about developing programs, or developing groups. The goal of assessment is basically to try to find the existing physical and social characteristics of the community. The ultimate goal is to provide culturally relevant treatment services. We talk about this all the time; that the services are not culturally relevant. But who is defining them? It is up to the community itself to define the criteria for relevant services. We need to find out more about the community, about the people, and about the needs. Again, the goal is for effective planning, for implementation of strategies, and for evaluation of programs.

I will give you some examples of what we have gone through in order to provide the type of service that we offer at the center.*

The first approach we used was the "key information approach." Basically, we talked to people in the community about specific things. We tried to obtain information about the historical development of community services in that area. First, what services were developed and why. Second, what was the community's perception of their needs. Third, what services were available. Fourth, what services were designed to meet the needs of this particular community.

We interviewed different people. We talked to the community leaders, to priests, ministers, and political activists. In our area, there is a group of Raza Unida people, who had a lot of information. We talked to businessmen, and we also included the professional people.

We found that the people in the agencies had inherited a number of problems. There was little information on services available in the community which was literally isolated. One of the issues that we identified was intense competition for monies. There was only so much money available for new programs.

What often happens when we have to compete for funds is that we end up fighting amongst ourselves for the little money there is. We distrust people, and there are divisions, sometimes on the basis of who has a title and who does not. Professionals, who are not aware of, or ignore the special talents that indigenous people have, exclude them from the developmental process. The paraprofessionals, who know the community well, exclude the professionals because they do not understand the process since it has not been explained to them. Territorialism develops.

What also occurs at times when developing a new program, is that clients may not want to see themselves as your clients because you are Latinos. There are times when we do not trust each other. From my own experience I know it happens. For example, I have a lot of negative feelings about Chicano cops. They tend to over-identify with the "aggressor," and they tend to come down harder on Chicanos or Mexicanos. It also seems true that the Chicano, or the Native American, or the Black worker, is not the most sympathetic person to deal with in our community.

I think the issues of evaluation are also important. This takes us back to the funding sources, that determine which are successful programs on the basis of statistics. Statistics are essential, but I think that sometimes having to produce them tends to make it more difficult for the service providers especially if you are required to count how many appointments you make, or how many clients you see, or how many clients you consulted with. That means you have to be in your office from 9 to 5, and that people have to make appointments to come to see you in the office. We have changed that somewhat. We continue to go out to the community. Initially, when we started, we did the counseling in the clients' homes. If somebody called and said that they could not get out of work to come to the office, that if they did, they would lose their jobs, we found out when their lunch break was, and we met them at a park to talk. I think that they may have been testing us out. Now we have no problem, people come to the office when they can. They may be a little late, but they do come in.

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*On request the author will send a copy of a paper presented in Washington, D.C., which describes the development of the program.

In other part of our research was an accessibility study. Tomas mentioned that we identified 150 agencies by using all the resource books that we could find. We called each, both in Spanish and English, as community people requiring services and also as professional people trying to locate services for our clients. Tomas mentioned that 75% of the programs claimed to have bilingual capabilities. We found in fact that only 25 programs have staff that are able to speak Spanish. First of all, when we called as professional people, I think we received professional courtesy, and were given as much information as they had. When we called as consumers, we were put on hold indefinitely; they hung up on us; we were given educational information. Very interesting remarks were made to us, and it got to the point that we did not like to call. Calling as we did, is a very helpful tool to use when you are developing a program. It serves two purposes: it helps to identify resources, and to establish a network for referrals.

Because we are feeling people, we feel badly when we cannot help other people. But we have to recognize our limits as to how many we can serve, otherwise we are going to need counseling ourselves. We may not be able to accept some clients, but we can refer them to other agencies in the community. Being familiar with community resources, and having established a referral network, we can refer them to other programs that can provide the services they need. I personally, have found helpful the informal contacts that I have made with other people with whom I can set-up informal agreements. We can work together, and I do not have to go through the bureaucracy. It helps me, and it also helps my clients. We do have to refer some of our clients to other agencies. We cannot do everything.

In summary to provide effective outreach services, basically we need to learn what is happening in our community and where everything is located geographically. We also need to find out which agencies and programs have bilingual Third World people on the staff. Finally, we need to find out what the fees for services are. In other words; we have to be very well informed before we refer clients anywhere.

We found it to be true that utilization of services increases when treatment is provided in a manner which respects the cultural strengths and integrity of the people and are available in the language of preference of the clients. The number of self-referrals will also increase noticeably.

Gloria De La Cruz

In terms of working with the family, I think that one of the most significant things that you need to do, is work with the cultural strengths. For instance, in dealing with a battered woman, you really need to look at her ability to "aguantar"--to bear or to endure. If she has hung in there for five or eight years, and she is still going, you need to point out to her that she is a very strong person; that she has a lot of cultural strenghts because her ability to "aguntar" is tremendous. You need to use that attribute to help her to move away from the situation and to help her to change. Point out to her how strong a woman she really is, and help her to use that strength in a positive way. As you work with her, you can enable her to identify other strengths. I make reference to cultural strengths because I believe that we need to work in harmony with our nature and our culture. So you do not want to take anything away from the culture. Know what the culture is about, and work with it.

When you work with Latino families, you also need to be very active and directive. When they come in and they say, "I came in for a consejo"--advice--they want you to tell them what to do, what direction to take. They want you to "prescribe" something for them. That approach is different from the traditional one. We have been trained not to give advice, but to sit back and let the client think through what it is that he wants, and to let him find the answer he needs. Latinos are not going to come back, if you proceed that way. If they are asking you for "consejos," you work with them, to see what kind of "consejos" they want. Rogelio and I would say to our clients, "This weekend we want you to go out with your wife, and we want you to tell us what you talk about and what happens over the weekend." They would come back, and they would tell us.

Good supervision is essential when you are working with Latino families or with Latino individuals, because the work is so intense. You need to work with someone who understands the culture, understands you and the difficulties that you maybe having. It is unusual not to have difficulties. It is normal to have transferences and counter-transferences develop. You need to work with someone who can understand that, support you, and help you to work them through.

To summarize in regards to cultural strengths which is one of our themes; working with Latino families or individuals, as well as working in the community we have to focus on the cultural strengths. We have to learn to adapt to the different environments. But cultural adaptation should, at the same time, help to strengthen the culture. The Spanish language has persisted over hundreds of years, longer than any other language among other ethnic groups in the United States population. It usually takes three generations to assimilate. We are in our sixth generation in this country. We still speak Spanish.

The second theme in therapy is the development of "ambiente" in regards to the personalization of the role for the client, from an appropriate greeting--how you say "Hello"--through the process of developing the relationship, to the termination of therapy.

The next theme addresses the concepts of "confianza" and "respeto." Confianza refers to trust building, to reach a feeling level. We have to know how to deal with feelings, and know when to bring out feelings. It is important to deal with the element of "confianza" from both the female and male perspective. In our culture there are roles that we are expected to play. The man is not supposed to share feelings. The woman is always emotional. A woman may sometimes sit down and cry. She may be angry, but a woman's way of expressing anger is by crying. She will not get mad. A psychologist might suggest that she beat a pillow, but she will not do it. It is easier for her to cry it out, because that is the response she learned.

To build "confianza" start your sessions by saying "Hableme con confianza." I learned to do that from one of my clients who told me he needed me to tell him that. You reassure them that they can trust you.

In terms of respect, it is important to reflect respect by accepting them, and accepting how they want services provided. For example, people use the traditional services of a doctor who usually prescribes for them. In their view, we are doctors too; so when they come in to see us, they expect a prescription and to be given directions. They do not want to sit there and tell you what the problem is, so that they can figure out what to do about it. They are not into the insight therapeutic process. They want directions and "consejos."

A fourth theme is one of linking the roles. As I mentioned earlier, we have certain knowledge or certain information, and know certain people with whom we deal who are isolated. Assuming our linking roles we bring the isolated persons in contact with the resources they need. We link them.

The referral network can be most supportive to all of us. There are four of us, and you have heard about how many services we provide, and all the problems we deal with. We also serve as consultants and do in-service training too. The majority of our clients, if not all, are Latinos and Spanish-speaking. They get assigned or referred to us because they are our people. We all have to deal with that. But we do stay afloat through the referral network. By the end of the first year after we started the Human Services Program, we had over a 1,000 people involved who were working in areas related to health and other human services. The network keeps us from feeling overwhelmed.

We try to make an input in terms of developing services and policies that will help us. The networking process is an aspect of policy development. We are also involved in coalition and absorptions. There are about twenty-five small, grassroots bilingual and bicultural programs organized.

But we are a federal program and our funds are being cut back. We will need staff. We have asked that county to provide us with staff--Latino staff, if we can find some. There are not enough of us around. I was recently at the National Conference on Child Abuse and Neglect in Milwaukee. There were only fifty Latinos out of about three thousand conference participants. The fifty Latinos represented people from Puerto Rico, New York, and Los Angeles, who were involved in developing a network of child abuse services. It will be very helpful; we can talk to each other and support each other. We can have a voice when we advocade not only locally, but at the state level, and most importantly, at the national level as well.

METHODS OF PREVENTING CHILD ABUSE AND NEGLECT AMONG MEXICAN-AMERICAN FAMILIES

Guadalupe Gibson

It is now being recognized that child abuse, including sexual abuse and severe neglect, has reached epidemic proportions. In Texas, the incidence of child abuse has tripled in the last three years. Regardless of whether the increase in the number of cases is real, or whether it reflects more vigilant and conscientious reporting of cases because the problem is now more readily recognized and identified, it is a serious problem, for it is estimated that at least three times as many cases as those acknowledged, go unreported. Abuse is not only being considered a serious problem in this country, it is one that is practically universally recognized as such, in every single continent in this world--in other North American countries, in South America, Europe, Asia, Africa, and even in Australia. It is also considered universal in that it affects all kinds of families --large and small, of all races and ethnic groups, and of all socio-economic levels.

Although the problem of abuse is recognized universally, the perception of what constitutes abuse varies from group to group, and culture to culture. They all agree that something is wrong, but some perceive it, in the most rigorous sense, as violent physical attacks on children, causing bodily harm. Others perceive it broadly, including also physical and/or emotional neglect or deprivation. Even the failure to enable a youngster to develop his/her innate abilities is considered abusive by some.

A serious problem in dealing with child abuse is the dearth of research which is even more obvious in regard to abuse among Mexican-American families. In California some theses have been written on the subject, but the research tends to stereotype Mexican-American families, which I believe makes their recommendation on treatment questionable.

Since it is essential to know what causes a problem before attempts to prevent it are made, it is important to recognize some of the basic assumptions generally made about the causes of child abuse. All groups--ethnic, cultural and socioeconomic--assume that the causes are multiple and complex, often inter-related, and that no single cause dominates another. Causes of abuse generally recognized include, but are not limited to, personal problems, marital conflicts, life crises, lack of skill to care for and to protect children, unfulfilled nurturance and dependency needs of the parents, isolation, lack of support systems, as well as other general social and environmental problems, such as racism, oppression, discrimination, economic exploitation and poverty. Another assumption that is generally made about child abuse is that the families involved are "multi-problem" families and that, usually a combination of the causative factors contribute to the problem.

In response to the theories and ideas of what causes child abuse, several "causal models" for assessment and treatment can be identified. Briefly these include:

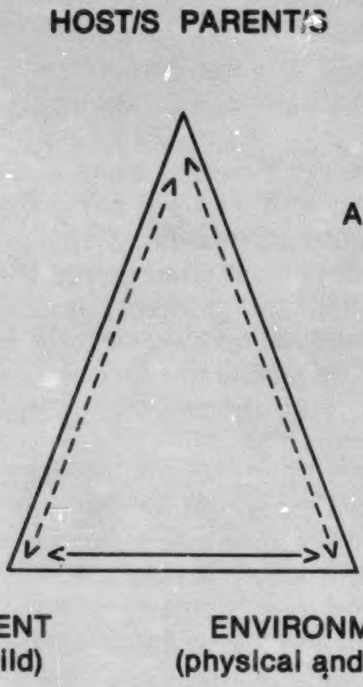
1. The psychodynamic model which focuses primarily, if not always exclusively, on the intrapsychic problems of the parent or parents. Treatment efforts are primarily centered on the parents' psychopathology.

2. Personality or character trait model which emphasizes the personality, or character traits of the abusing parent(s), and primarily labels the person as retarded, delinquent or abusive, but it does not go beyond "labeling." It is not the best model or approach for alleviating the problem.

3. The family structure model focuses on the structure of the family, as the name implies. This approach labels families rather than individuals--single parent, broken families, illegitimacy, and identifies coalitions among members and scapegoating. This model also views the situation only partially.

Other models include the environmental stress model, which is not one of the best models either, but which does take into consideration the causative environmental factors that impinge on people, particularly on the poor. The social learning model, the mental illness model, and the social-psychological model are others which also fail to view the situation holistically.

The model that I have identified which, I believe, comes closer to conceptualizing the problem of abuse in its totality is the psycho-social systems model developed by Justice and Justice in Houston. I am approaching the issues of prevention of child abuse from the perspective of this model. I believe that this model is effective in working with child abuse in Mexican-American families because it emphasizes, from a systems approach, the triad of parents, child, and environment, both physical and social, in interaction with each other, and takes into consideration the parents' "cultural scripts" which become the "vector" in the configuration. The cultural expectations of parenting and child rearing are a component of the social environment. The model does not concentrate on any one of the components of the triad, but it allows for individual assessment of each system--the host(s) or parent(s), the agent or child, and the environment, physical and social. Its primary emphasis is on the interaction between any two and among the three systems. It also permits assessment of the interaction from different perspectives of the problem as determined by the cultural and socioeconomic background of the family.



A Psychosocial Systems Model of Child Abuse

It is not appropriate to single out any one contributing factor, no matter how stressful it may be, either from within the family system or from the environment. For example, if the factor of poverty is singled out, one could then generalize that all poor families abuse their children, which is not a fact. Neither do all oppressed people, or isolated people, do so. There is more as to why some people are at greater risk of becoming abusive parents than others; that is, the configuration of factors, and the interaction among the systems; but most importantly it has to do with the perspective and the perception of what is occurring, which is primarily determined by the culture. To understand the situation completely, the family needs to be seen holistically from a psycho-social-cultural, physical, emotional, and even a spiritual perspective.

The "cultural scripts" refer to those parenting values which individuals learned as they were growing up in regard to child rearing, disciplining, nurturing, and other parental responsibilities. The cultural mandates about raising children among Mexican-American and other bicultural families, and those of the dominant society are often in conflict. The latter tell these parents that their "scripts" are all wrong, which often creates problems for the families, for their understanding of child rearing is not only intellectually or cognitively conceived, but most significantly, it is affectively rooted. Parents feel guilty when they fail to do what their parents or their priest or their cultural group told them--and often continue to tell them to do--about raising their children. The conflict between what they believe they should do and what society tells them to do, makes not only a cognitive impact on them, but also a most painful and disturbing affective one. For instance, for us Mexican-Americans, familism, which requires one to give primary consideration to the extended family, is a value often in conflict with the values of society. Bicultural people, therefore, often have their own personal conflicts within and outside the culture, and inadequate inner resources or environmental supports, which together are very stressful, and which may lead to child abuse.

The effectiveness of the psychosocial systems model results from the fact that it allows for heterogeneity within the cultural group. Mexican-Americans are a heterogeneous group. The heterogeneity is due to a variety of factors: 1) historical, when did the family come the United States, or were they here when the United States took over the area; 2) geographic, where did they come from, and where are they now; and 3) socio-economic, physical, educational circumstances, and so on. And a most important factor is the personal, and often intimate interpretation of the cultural norm. For example, how one mother interprets the "cultural script" calling that she be a "good" mother, may vary markedly from how another interprets the value word "good." What one lady, and another, and I mean by being a "good" mother, and how we express it behaviorally; that is, how we show that we are trying to be "good mothers," may be quite different.

Another aspect that often varies from person to person, and from family to family, is how each handles stress. Couples first have to go through a process of accommodation to each other's perception of the cultural mandates, which in itself, may be problematic and stressful. Some may handle stress philosophically, or from a religious perspective, "Es cruz que nos mando Dios," it is a cross that God sent us which we have to bear, implying that God never gives one a cross that one cannot carry. Or "Dios nos da a nuestro limite," God gives us to our limit. There are many dichos, sayings, that reflect our philosophy. This is often interpreted as fatalism, a self-defeating perspective, when in reality it reflects a ray of optimism which can support families under stress. They believe, they have the faith, that the good Lord will not give then more than they can tolerate, because they assume that they have strength and inner resources to cope.

Not only is the response to stress different for various families, but so are the sources of stress that they have experienced in their interaction within their families of origin as well as that which they have experienced in interaction with institutions. Some may have had better educational and employment opportunities; others may not, for some communities are less supportive of minority people, and some may have suffered greater isolation.

All components in the triad contribute to the problem. The child, him or herself, may contribute as well; physical and/or genetic problems may play a part in having a fretful and difficult child to manage; his or her temperament may contribute to the difficulty. For example, a woman who herself had very little mothering, whose family was in the migrant stream, who because she was the oldest had to assume responsibility for the younger children who could not yet work, while the parents were out in the fields. She assumed responsibility for "mothering" them, while she herself received little of it because her mother was tired when she returned. She had no childhood. She had to grow up fast. She also had little educational opportunities, married early to a man who grew up in similar circumstances. These spouses fail to meet each other's emotional needs because they have little to give. They also have economic problems and live in an unsupportive, if not hostile environment. They seem to live in a continuous, or on-going crisis, barely resolving one, before they have to face another.To top it all, they may have a child who due to genetic, nutritional or other problems, is fretful and difficult to control. The child does not seem to "give" emotionally to the parents. In such a situation, the probability of the problem of child abuse emerging, is extremely high.

But to focus on the issues of prevention, if we consider the problem of abuse as a public health problem because of the prevalence and the incidence and the epidemiological dimensions, levels of primary, secondary, and tertiary, prevention must be considered. Primary prevention refers to intervention which occurs prior to the onset of the problem; it aims to head off the problem. In child abuse this may consist of identifying high risk families and providing assistance, including indentifying support networks for them and providing family life education--for example, intervention through immunization. Secondary prevention refers to early intervention. This takes place shortly after the problem starts, but before it becomes chronic. The approach includes identifying and responding to early indications of problems, and providing education and support systems as in primary prevention. Tertiary prevention takes place after the problem is chronic, and may consist primarily of rehabilitation. This intervention may include removing the child, treating the damage done, strengthening the family through counseling, education and support systems over a period of time until the child can be returned to the family, and follow up after that. It may also include primary prevention in terms of other children in the family.

At all levels it is necessary to view the family holistically, as stated, including viewing and understanding the family as a system in interaction with other systems such as the extended family, the neighborhood, and the church, and social institutions such as employment, education, health and welfare. Social institutions are not always responsive to the needs of Mexican-Americans, and at times are not accessible to them, or available to them when they need services, such as health care. It is also essential to understand, regardless of the level of intervention, what the "cultural scripts" are, and most importantly, how the family is interpreting behaviorally their understanding of cultural values. There are many dichos and refranes--sayings and proverbs, which reflect how they feel about raising children. For instance, "El arbol que crece torcido, nunca su rama endereza"--"as the twig is bent so is the tree," may be interpreted by some families that they need to be very strict, in a sense that may be considered abusive by outsiders, in order to keep the child growing morally and behaviorally straight.

A significant component at all levels of intervention is education. Some human service workers do not attempt to "educate" Mexican-American families because they think of them stereotypically, as being disinterested in education, that they do not value education. Actually, their perception of education is broader than for the Anglo-Americans, for the concept of education is more than schooling and learning how to earn a living. It includes learning the cultural norms, learning to respect people as human beings, and to appreciate their dignidad and personalismo--their dignity and personalism. They often say la educacion se mama--it starts at your mother's breasts. A person may be highly schooled, even have a doctoral degree, but may be considered mal educado which does not mean uneducated, but inadequately educated. One may never see the inside of a school and yet that person can say, "soy bien educado porque respeto a mi projimo,"--"I am well educated because I respect my fellow man, my neighbor."

In educating parents around issues of abuse, it is important to assess what the family values are, what their "cultural scripts" reflect, and teach them by identifying different behavioral expression of the values, without tempering with the values. We have often failed to educate families to help them, because we recognize that we must not interfere in that area.

So what does one have to do to practice prevention of child abuse with Mexican-American families effectively? First of all, you have to have broad and deep self awareness. Start by exploring your feelings about child abuse. Do you feel angry with the parents, want to knock their heads together, want to rescue the child from them, and never let them see the child again? Do you overidentify with the child? Do you overidentify with the father who for six months or so has been unable to get a job, gets drunk, comes home and beats his wife and child? Or with the wife who is having to make-do on practically nothing, gets beaten by the husband, and in turn she beats her child? It is necessary that you understand your feelings about child abuse, and your tendency to overidentify with one or another member of the family before you can practice with abusive, or potentially abusive families, particularly through an educational approach. Other components of self-awareness include the understanding of your own culture and your feelings about being a member of that cultural group. If you are Mexican-American, how do you feel about other Mexican-Americans who may not perceive the culture exactly as you do? Have you been able to intergrate some of the values of the dominant society successfully? Do you feel you are assimilated? Do you think all Mexican-Americans should assimilate? You have to be very conscious of these aspects for it would be inappropriate to expect the clients to think as you do. Recognize that your ideological view of what is good for Mexican-American people may be different from that of the clients, and respect their view. If you are not Mexican-American, how do you feel about Mexican-Americans in general, and those who are abusive specifically? Do you think they should assimilate? Regardless of your cultural background, can you be for yourself and allow the clients to be for themselves? Can you accept that we live in a pluralistic society? Do you respect and value differences? To work effectively with Mexican-American families it is necessary to understand in depth the Mexican-American culture and the heterogeneity among Mexican-Americans, not from the stereotypic point of view. Mexican-Americans, if viewed on a continuum, range from the very traditional to the contemporary some speak only Spanish, others only English, and many are bilingual. Since language is essential to the effective provision of services at whatever level, it needs to be given full consideration in practices. The affective meaning of language needs to be considered as well. It is also necessary to recognize that cultures are dynamic and in a constant state of flux. Culture is a way of living and behaving and functioning in society according to the time and the place and the circumstances. This understanding of the Mexican-Americans whether you are Mexican-American or not, needs to be anchored in your awareness of yourself in relationship to clients, in the way just described. It is necessary, particularly in the area of education, to address their needs from their perception of what is appropriate for them, in interaction with their environment.

It is also necessary to understand why some of the families are suceptible to abuse. In addition, to what has been said about the problems with parents, it is necessary to understand that many of the abusive parents were abused themselves and lacked nurturing. This may lead them to seek nurturing from their spouses and even from their children. Justice and Justice refer to this as the parent attempting to establish a symbiotic relation with the spouse. When that spouse fails to respond, the parent may seek nurturing from the child or may become jealous of the child, see it as a rival and attack him or her. This is a simplistic and incomplete way of addressing the issues of symbiosis as described by Justice and Justice. The lack of nurturing, or "loss of childhood" as Celia Medina calls it, has been identified as a precipitating factor in child abuse also. Medina worked with abusive families and found that the abusive parents had to work as early as at the age of five, had been saddled with responsibilites beyond their years, and had been deprived of a real childhood. Men who were abusive expected their wives to be nurturing and, in a sense, their children also. They overreacted when their wives and children failed to respond to their needs by behaving as *muy machos*, and to prove their *machismo* would batter their wives and children.

Justice and Justice also made clear in their work that abusing families appear to have an inordinate number of crises, in addition to the "normal" developmental crises that most families experience. They refer to these as "life crises" describing how these families do not complete the resolution of a crisis, when they experience another. This assumes the form of a cycle, or more accurately a spiral, that continues on and on. For instance, a parent loses his or her job; the family is served an eviction notice before the parent finds a job; a member of the family becomes ill, and someone else in the family dies before the other crises are resolved.

Human service workers need to develop a sense of prevention in all areas of their work. They can identify families who have problems as described, and make every effort to provide preventive assistance. This is not easy to do, for most of us are carrying heavy loads and at times feel overwhelmed. Also, prevention costs money in terms of personnel and the training of personnel as prevention workers. Money is often not available for work that does not specifically reflect "head count." But we cannot afford *not* to develop preventive services.

One approach to prevention is through volunteers. There are people, particularly older ones, who with little training can do an effective job. They can serve as parent surrogates for young adults who were deprived of nurturing. They can be trained to help in other ways as well: for example, they can help the families find relief from some of their stress by identifying for them supporting networks in the neighborhood, through the church, and even in the larger community.

One thing that we have failed to do, and now I am particularly addressing social workers, is that we have not developed a prevention "mind-set." When we help a family in one area, we do not anticipate other potential problems and provide what Gerald Caplan referred to as "anticipatory guidance." If we can help reduce stress for families, we can contribute to the prevention of abuse.

*The primary source for this presentation was the book The Abusive Family by Blair Justice and Rita Justice published by Human Science Press in 1976.

ISSUES IN MEXICAN-AMERICAN ADOPTIONS
Terri Hernandez Tijerina

In Texas, there are major problems facing Mexican-American children that are in need of adoption. Some are never placed in adoption; many wait too long to be adopted, and others are placed with little consideration to the continuity of their cultural identity.

Also there is a lack of Mexican-American adoptive families, especially for school age and handicapped children. Although Mexican-American families will take in, and raise a child, as Black families do, the formality of the adoption procedure is something they usually do not consider.

There is a special disadvantage for the Mexican-American handicapped child. Mexican-American families who can afford to adopt a child, and who have assimilated enough into the Anglo middle class to be comfortable working with agencies usually do not want a handicapped child. As members of a deprived minority, they are concerned that the family will appear less than successful by having a child who is less than normal, or who is not healthy. Some of these families believe that having a mentally retarded or physically handicapped child will hinder their upward social and economic mobility.

It is common for Mexican-American families to hesitate adopting a school-age child because the child "already has his/her personality formed." They doubt that they will have sufficient influence on a child who has memories of his or her natural family. School-age girls present an additional dilemma for some potential adoptive parents, because they fear sexual impropriety on the part of the girl, and the possibility that the community could make false assumptions about sexual involvement between the adoptive father and the new daughter.

Adding to these complications is the lack of Mexican-American staff. An adoption study is a personal process. Even if the worker is a sincere and committed person, the cultural differences do influence the relationship between the family and the worker. Ordinarily, Mexican-American families are not comfortable exposing their lifestyle to an Anglo worker. The non-Mexican-American worker may also have mixed feelings about certain characteristics common to Mexican-American families, such as what may appear to an outsider as too much dependence on, or closeness to, the family of origin; or the extra responsibilities assigned to older siblings may seem inappropriate to them.

One solution to the lack of Mexican-American adoptive families is in the implementation of intensive and innovative recruitment. Education of the community regarding the need for adoptive homes should be a top priority. While doing recruitment, the adoption staff should emphasize the joys of having a special child in the family without minimizing the responsibilities. They should also emphasize how retarded children can frequently learn to do many things themselves; how older children can learn to see their adoptive parents as their "real" parents, and how they learn to incorporate into their own selves, the characteristics of the families that adopt them.

Having a Mexican-American recruiter is paramount. The agency can demonstrate its commitment to serve Mexican-American children by hiring such a person. General recruitment techniques are usually moderately successful in reaching families including the use of television, Spanish-language newspapers and radio stations. The most successful attempts at recruitment have been through Spanish language radio announcements. These announcements include the description of a child available for adoption, the agency's name, the telephone number, and the name of a Mexican-American worker to contact.

It is preferable that the recruiter continue to work with the family that is interested in adopting. This makes the on-going contact more comfortable for the family, and reduces the confusion of passing information from one worker to another. To eliminate unnecessary work for the staff, the worker should develop a system for responding to families. After the agency receives the first call from the family, the worker should respond within a few days. An effort has to be made to call the families after-hours. Because many Mexican-American families may assume that the worker will do so, they may not be reached easily if the worker tries to contact them only during normal working hours.

After the worker and family speak briefly, the worker may send a list of the available children with a short description of each child to the family. If the family finds one that is particularly appealing, they may contact the worker again to schedule an appointment. Since many Mexican-American parents work by the hour and lose pay for missing any hours of work, flexibility in scheduling appointments is essential.

Home visits are encouraged, even on the first contact, since many families are intimidated by the agency setting. Other families may respond well to meeting workers at local Mexican-American churches. They are less threatened by this, and it can be more convenient for a worker covering a wide geographic area. The worker needs to be aware that the adoption process itself, may be intimidating for many families under any circumstances. To reduce tension, the worker needs to be respectful, to be casual, to have a sense of humor, and to dress informally.

There are many challenges for adoption staff in the placement of Mexican-American children. Those children who are eventually placed, frequently wait much longer than children of other ethnic groups. Once considered for placement, their need for the retention of their cultural identity is often overlooked, as mentioned above. To resolve these problems associated with the placement of Mexican-American children in adoption, it is essential that placement agencies hire Mexican-American adoption staff, and that these agencies implement innovative, culturally-relevant and persistent recruitment of Mexican-American families. But the top priority needs to be the understanding of Mexican-American families; of their culture and values, of their feelings about dealing with social agencies, and particularly about taking a new child into their homes. This understanding may very well be the key to success in getting Mexican-American children adopted by Mexican-American families, as it should be.

URBAN CHILD ABUSE AND NEGLECT AMONG MEXICAN-AMERICANS: TREATMENT

Teddie Meihart, Sabino De Aciiu, Martiza Loperena, and Lecticia Gamez

This workshop is being presented by the Mexican-American Child Abuse and Neglect Project (M.A.C.A.N.) of the Chicano Training Center in Houston, Texas. The M.A.C.A.N. Project, funded by the National Center on Child Abuse and Neglect as a demonstration project, has been in existence since October of 1978. It started accessing referrals in early 1979. Two additional grant proposals have been provided since then. The Chicano Training Center sponsors several other projects, one of which is a mental health center, La Clinica de Consulta Familiar. La Clinica primarily provides family counseling and other tangible services, crime intervention, information and referrals. Another project, working with over 200 drop-out youths, is situated in the north side barrio of Houston. We also have a training component. We train second year graduate social work students. We provide experiences and make available information and materials to enable them to become sensitive to the needs of Mexican-Americans and other Hispanics. We train students in Spanish. Those already fairly fluent in Spanish are helped to adapt their language to the fields of social work and counseling.

One of the programs that we work with very closely is a parenting project called "De Las Familias". We have developed a bilingual-bicultural curriculum that is especially sensitive to the needs of Mexican-American parents. It includes content on prenatal development, child development, taking care of oneself as a parent, nutrition, discipline, and other types of parental responsibilities.

Soon after the initiation of Project M.A.C.A.N. the need for providing bilingual-bicultural counseling services to Mexican-American families who had allegedly, or actually abused and/or neglected their child or children, became apparent. For example, there has been a problem with protective services in child welfare because they have very few Spanish-speaking workers on their staff. Spanish-speakin families had not been receiving needed services. The cases were terminated soon after a cursory investigation was completed. We are now also doing research, which was made possible through one of the grants to Project M.A.C.A.N., on bilingual-bicultural treatment approaches. We have had considerable practical experience, but we had not put any of these experiences in writing. This particular research project is helping us to document these experiences. Among the materials that we have developed is a bilingual glossary of social work, legal, and medical terms.

What we attempt to do is to provide, not only intensive counselling but also comprehensive services for those families that we serve. We also believe that besides providing treatment we need to address issues of prevention as an integral part of the approach to the whole system of abuse and neglect.

Our staff is devoting a great deal of time to community work including community public relations and community education. We developed a play which we use for this purpose. We hold discussion groups following the presentation of the play and after presenting films. We also do training for other professional organizations.

Since January 1979, we have worked with 250 families; among these families there have been 1,600 children. All of our referrals come from child welfare. Half of those referrals are because of problems of physical abuse, but we also get referrals regarding situations of potential abuse. Half of the latter fall into various types of neglect. Most of our clients are in treatment for approximately seven months; some are treated for shorter periods of time, depending on the client and/or the situation. We have had a few clients remaining in treatment for over a year. We do outreach by seeing our clients at home. Once we make home visits, we are usually able to engage them in counseling. Some are reluctant to get involved; some clients move without notifying us, others will not be home if they know we are coming in for a visit. Overall, the staff is excellent in engaging clients even those that the protective services personnel felt they could not help.

Our role is complimentary to that of child welfare which in the State of Texas is really important. Our role is clear and separate from theirs. In many respects, they are primarily investigative. We do make joint visits with child welfare workers who introduce us to the families. During the first visit we agree on the service contract, and decide how many sessions we will have with the client. Sometimes clients will agree reluctantly on two or maybe four sessions. We start with simple goals based on the needs of the family. We do not tell them immediately what we think they need or what they need to do; nor do we interpret the dynamics. But if they say they have problems with their children or teenagers, they are usually ready to start working on the problem. We start where the client is. We try to build trust, by demonstrating to them that they can trust us.

We stay in close contact with the child welfare workers by communicating with them often. They believe that our agency primarily, if not exclusively, provides tangible services such as transportation. They do not view us as professional counselors, although we are. We encounter problems when a Spanish-speaking client is assigned to an English-speaking worker from protective services. To avoid role conflict in this type of situations, we serve only as interpreters between the family and the child welfare worker. Our perception of families is usually different from that of the protective service workers. We often have to become advocates for families. When we succeed in helping a family to change and to make progress, protective services may not agree with our opinion. They may still want to terminate parental rights. If we are sure that the family is changing, we ask protective services to wait which they may, or may not do. They have been responsive to our joint visits, but nevertheless at times they still have us working with families only if they have a real and concrete need for housing, information, or referrals. We help clients to meet these needs. When the clients have other concerns, such as those related to a marital issue, causing them to feel stress, we try to help with those problems too. Large urban cities like Houston put substantial stress on families, especially on people who speak only Spanish. Lack of Spanish-speaking social workers isolates families with problems even further because they are not able to receive services they need.

Many families from rural areas, such as those from South Texas are moving to Houston. Most of these people experience severe cultural shock in the city, a condition which is aggravated by the fact that most of them leave their families and other support systems behind. They quickly become isolated in the urban settings.

When we see families, our primary goal is to identify the relationships that exist, to help expand them, and to keep the family intact whenever possible. If a child is removed from the family, other children at home may continue to be, or become new, targets of abuse or neglect. Removing a child, does not really change the dynamics within the family. We look at the whole system, and will work with any other problems that exist within the family. For instance, if a family has an adolescent that is involved with heroine or drug abuse and/or is skipping school, the youth project is used as a resource for that adolescent. The family will be asked to attend parenting classes to acquire or improve parenting skills. One of the best ways to learn is to share and to experience, and the way we get this across to the parents is by role-playing a day in the life of a typical family that has a parenting problem. Every therapist has his or her own style of working with families. We usually record the therapy sessions emphasizing the cultural issues and including the reactions of the therapist.

For training purposes we use a play called "Therapy Intervention." This particular play examines the work of the therapist with the family and their culture.

Trainees write a report on the therapy session, noting the cultural aspects and the non-verbal communication of both the client and the therapist. This is followed by a discussion about the problems presented in the play. We find that this is the best way to learn how to work with the families, to determine what the problems are, and how that family expresses those problems. How do they see themselves? How do they move? How do they express themselves? What do they do in the session to give you clues about how they are feeling?

A family situation typical of those that we deal with will now be described. Jose, the father is 47 years old with two children from a previous marriage. His daughter, Anna, is 14 years old, and his son, Juan is 13 years old. One of Anna's problem is that she is experimenting with drugs and has been skipping school; she is also sexually permissive. Jose's former wife died of tuberculosis in the Texas Valley three years ago. He moved to Houston with his children searching for a job to support them. Maria, 32 and her son George, who is 5 years old, had fairly recently moved to Houston. Maria had been living with George's father, but he left them. She knew that he had another family in Mexico, and that he was living with her only temporarily. She was very dependent on him, and was overwhelmed by his leaving. She did not know what to do; she could not find a job because she had no skills. Either because her family was very protective or because they needed her there, she had been kept at home doing housework, and had never been enrolled in school. She was the oldest and she took care of the house and of her younger brothers and sisters. Her son George appeared to be a perfect child.

Jose and Maria were married two years ago, joining their two families. Jose and Maria were undecided as to what they wanted to do when they came to the agency. They needed each other particularly because of their baby, Jose Jr.11/2 years old. Jose and Maria, are pretty traditional, especially Jose. He is a strict disciplinarian, but he is having difficulty disciplining his daughter, Anna. He expects Maria to discipline her, but Maria thinks that since Anna is not her child, she does not have complete authority to discipline her, nor does she believe that she has the support of Jose to do so. He expects Maria to do all the child rearing and to provide all the child care, since he is working at two jobs and comes home from work very tired. He does not want to hear about any problems. He blames Maria for Anna's behavior. He does not understand why Anna is acting the way she is, or why she is misbehaving. The family was referred for services after a teacher reported that George had bites on his face, arms and back. George was bitten by Jose when he discovered that George had been biting and pinching the baby, Jose Jr. Ths angered Jose so much that he lost control and bit George hard. He now feels bad about biting the child. Significantly, no mention is made of Juan.

This brings out some of the family dynamics. The frustration in this particular family is apparent. We are now going to present to you the first session with the family to show you the reluctant family that does not want counseling. Jose did not want to participate in therapy, partly because he is defensive, but also because he is very proud and feels that we are interfering with his family. Jose and Maria believe that Anna is the problem, and not the physical abuse of George. In the session, Jose revealed that he also bites Anna. He looses control when she comes in, high on marijuana. Anna is being blamed for everything. She has become the scapegoat. Maria insists that Anna is the only problem. It is at this point that we started with the family.

We are now going to show you the sixth session to give you ideas on how to work with reluctant clients, and on what to do after you engage clients in therapy. At this time, Maria is very withdrawn. She does not discuss things with Jose, because he shuts her up. She is becoming more aware of what is happening in the family, instead of just blamming Anna or Jose. Jose is not going to let anyone know it, but he is starting to listen and to look at other issues within the family. During the first therapy session Anna was just a "loud mouth." She was very disruptive, but her disruption was really a clue to what was really happening in the family. The parents would say, "nothing is going on," but the daughter would say, "Yes there is." They would fight all the time. She was giving the therapist a number of clues as to what was really going on in the family. By the sixth session, the kids were feeling very isolated and very resentful. Anna did not believe that there could really be any change. Since Anna is identifying other problems, the therapist may be able to help the family. Anna wants to deal with the issues about her mother's death, her father's quick remarriage, and her new "mother."

According to the dynamics presented, what is going on with this family that is problematical for them? What are the different problems between the husband and wife and with the daughter? What are some of the salient issues? They do not seem to be able to speak to each other, or with each other. There is a clear lack of communications. The husband appears to think that he is a macho type. He acts as if he knows it all. He does not seem to value communication with his wife, especially about his negative feelings. He expects too much from his wife. Here we have two problem areas: Jose's high expectations of his wife, and the combined issues of step-parenting and the blending of the families. Jose does not communicate with his daughter. He would not let her speak. He leaves his parenting to his wife; he has trouble seeing himself as a parent. Maria is beginning to reach out a little bit and becoming more liberated. She has been able to handle this very well. She tends to be very submissive. This exemplifies the problem of dependence versus independence between Jose and Maria. If she changes that balance, in the housing or spacing, this threatens him. Thus, she will continue to have pressure to remain submissive and dependent on him. In general, the family is isolated, socially and culturally, particularly in terms of the language.

In therapy the first step is to establish the relationship to enable the client to trust you. The second step requires you to figure out what is going on, and what the issues are. In other words, you have to make an assesment. This can be the most difficult part.

DISCUSSION

Participant: Yes, but now he was coming out his shell. I did not feel it was the right time to confront an issue. He really started opening up, after she gave him those strokes. He was more responsive. That girl that played Anna was really good.

Participant: It is so typical of Mexican-American families to set the man as the head of the household. Like they say, "el hombre es la cabeza y la mujer es el corazon de la familia." (the man is the head and the woman is the heart of the family), and it has always been that way. He rules and the women provides the emotional necessities. That is traditional.

Participant: What do you do with the family that really is willing to make some changes? I guess what I am saying is that I see this in my family. He is willing to make some changes but still not ready for too many egalitarian relationships.

Participant: I do not think we need to do anything. If they feel O.K. about it, he might give half an inch, while she gives a foot, and if they feel it is O.K., then it is O.K. for him to be the head and for her to be somewhat submissive.

So, you are saying that you need to help the family to clarify their values, to come to some agreement with those changes they agree to make.

Presentor: I think that as the therapist, especially in view of women changing the struggle, without interjecting my values, I hope that the relationship would become egalitarian.

I think when a family reaches a certain point, when they say "It is all right, that is how we feel; this is all right for ourselves within the family" all we can say is, "that is fine." But I think it may create a problem because of society, when the younger children grow up and see how other families live, that can create more tensions. I have seen that happen. The family members accept themselves as they are, as humans within their families, but they have to cope with outside forces. They really have to believe in themselves in order to continue to stand on their own.

I feel that the community needs to have counselors and therapists who understand families and who can work effectively with families. What happens if treatment or services are not provided? I think the assumption commonly made is that only professionals can work successfully with teenagers; that is not necessarily true. A teacher, or a neighbor can respond and talk to a child and help that child to cope with what is going on. Because of limited resources, we do not have enough professionals to deal with each child with problems. So we have to refer them to different people such as older siblings or another relative, or even a friend who is concerned about the child; it does not have to be a professional. It may be necessary to train volunteers to help out.

We can always explain why it is impossible to work with any family, but I really think that we all have a responsibility to identify some resources to help them out. In this field, you have to have optimism. You really have to keep going despite all obstacles you may encounter.

JUDICIAL PERSPECTIVES ON CHILD ABUSE AND NEGLECT PROCEEDINGS INVOLVING THE MEXICAN-AMERICAN CHILD

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I ususally do not like to focus in my presentations only on Mexican-Americans, because I think what was said years ago about the juvenile courts in this country is that they are a poor man's court still holds true. I guess that on any given day, any given week, or any given month, you can go to any juvenile court in the country, from the West coast to the East coast, and see the waiting rooms in the courts, to see what I mean. It really does not make any difference, whether the abuse or neglect involves Mexican-Americans, Puerto Ricans, or American Indians. I think that a more inclusive term is "the economically disadvantaged." I hear many times that we do not have research as to who these people are. My opinion is that that is inaccurate; you really do not need research to see who are the clients that we serve. All you have to do is keep your eyes open and you will immediately become fully aware of who they are.

Secondly, I think that child abuse and neglect has been with us since the beginning of history, just like crime and delinquency. We talk about preventive programs; we talk about throwing money at problems, trying to find causes. How are we going to prevent child abuse and neglect?

I think that it is necessary that we understand historically where we have been in order to understand where we are, and where we are going. It is important to come to an understanding of where we are going particularly in this decade. The 80's is being called the decade of the minorities, or the economically disadvantaged, no matter who they are. Not only in the area of child abuse and neglect, but also in the general area of crime and delinquency, we need to understand where we are going. To do so, it is necessary that we understand, from a judicial perspective, where we have been. Most people have the idea that the juvenile court, as the court that deals with abused and neglected children and their families, is a recent development. Many people say that the juvenile court was born in 1899, in Cook County, when the State of Illinois enacted the first comprehensive juvenile code. There they referred to that presiding court as the juvenile court.

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In discussing the abused and neglected child, we have to go a little further into history. One can go to the Twelve Tablets of Roman Law that gave the power of life or death over a child to his or her parents. Parents could sell children; they could order them executed. For the purpose of the American historical background, a good starting point is the establishment of the Society for the Prevention of Pauperism going back to the 1820's. This Society was concerned not only with how children were being treated, but also with the problem resulting from the immigration of poor parents and their children into this country. Consequently these families created problems of pauperism. Members of the Society thought that the answer would be to establish houses of refuge for these children. The first one was established in 1825 in the City of New York. Thereafter, the City of Chicago also established houses of refuge. But you have to understand that those people were reformers--and I may add, that the houses of refuge in the City of New York were considered to be the first major step in child welfare reform.

But members of the Society were really only interested in kids that had committed no offenses and whose only crime was being poor. Of course, these people had higher motives, which at the turn of the century, culminated in the enactment of child labor laws. Children were removed from parents only because they were poor. They would put them to work in factories on the East Coast. Contrary to the belief that these homes were for the purpose of "rehabilitating" children, they were actually worse than the penal system that existed then, simply because corporal punishment and solitary confinement were used to keep the children in line. The system did progress, and in 1899, the first juvenile act was enacted. However, if you read the Illinois Act, you will see that once again, it only dealt with the poor. It was aimed at the poor, and only at those kids that committed no criminal offenses; as mentioned above, their only crime was being poor.

If you read the laws of the State of Texas that were enacted in the 1900's, you will see once again that the same pattern was followed: the children that would jump off the train, and the children that were beggers were the ones that were brought to the so-called, juvenile justice system to rehabilitate them for noncriminal misbehavior.

I think today we have very important issues that have to be addressed insofar as the judicial system is concerned. It is not appropriate to talk about the judicial system, and to ignore the rest of the child protective system. You cannot talk about either one without considering both, the law and social work together.

I have five issues that I would like to present to you. The first issue that has to be addressed is whether the present coercive intervention system, as we know it today, is adequate to meet the needs of minority children and their families.

Secondly, we have to ask ourselves: once intervention occurs, is the present system adequate to meet the needs of minority children and their families? Super-imposed on these two issues is the third, whether the juvenile court as we know it today, is to be purely a legal institution or is it to be also a caseworking agency? It is something that has troubled us since 1930 when the system came under attack by critics that were bemoaning it. For example, social workers said that the existing courts were not sensitive to modern standards of social work. Psychiatrists, criticizing the court, said that the courts had 30 years of opportunity to work with psychiatry and psychology and that they were still unable to do anything positive to meet the needs of children and their families.

The fourth question is whether the present juvenile court--and when I talk about the juvenile court I have to focus on the judge, the individual that presides over that particular court whoever he or she may be--has any type of responsibility. If it does, what type of responsibility does it have to those children and families involved in the court process insofar as having an understanding of their background and the cultural differences that these persons possess? This is a major issue today.

The final issue is whether the juvenile court has a post-dispositional responsibility to the child and the family after intervention has occurred, and the adjudicatory and dispositional phases have been completed.

These are five major issues that the system needs to address. Let me present to you an area of great concern today. How many of you believe that the state should intervene in cases of child neglect? How would you define neglect?

Participant: It endangers the health and life of a person--it is very subjective --it means that the physical, social, emotional, and cognitive needs of the children are not met to the fullest so that the child can reach its fullest potential.

Judge Peña: Translating the emotional; that is, love, understanding, attention, and a sense of belonging--what standards would you use to determine whether a parent gives that particular child the love, care, or nurturance necessary? Do you think that these are standards that should apply equally to all of us without taking into account the cultural differences? Following that to a logical conclusion, should the state coercively interfere in family autonomy when the child is not receiving "love?"

How far will we recognize, or should we recognize, family autonomy against the background of cultural differences?

I will give an example: supposing that I am a laborer. I migrated from Mexico; I settled in South El Paso, and I live with my wife. I am a firm believer that the wife should be kept barefooted, pregnant, and in the kitchen. All she does is have children. On Fridays I get my paycheck, I go to the bar and drink until Saturday morning. I come home and give her money for groceries (I blew most of it away); so she does with what little she has. She buys flour, rice, beans, and milk for the kids. The kids are healthy; there is nothing wrong. I do not love my children; I never tell them that I love them; as a matter of fact, I never touch them. The kids are all in school. The neighbor has an argument with my wife and reports her to the Department of Human Resources, and here comes a social worker. During the interview, what the social worker wants to see, is what is in the refrigerator. All she finds is rice, beans, tortillas, and milk. The social worker says, "There is no steak. There is not enough in the refrigerator for a balanced meal. This is neglect." Would you agree that this is neglect?

These standards are causing many problems because there are no definite and concrete answers. The move today is to do away with the neglect statutes in this country. The U.S. Supreme Court had a good opportunity recently to rule in a case, and they declined. They did not want to decide where we are going in this area. They have always left domestic relations to the decision of the states.

This is the issue I was raising in the first question. I asked about coercive intervention: how far are we going to go?

Let me backtrack and put it in proper perspective. How many of you know about the parens patriae doctrine? Parens patriae is analogous to the loco parentis doctrine which means literally, in the place of the parents. The unfortunate thing about it, is that it is legal fiction. Parens patriae had nothing to do with the protection of children in England; it involved the protection of property. England had a feudal system, and in order to keep property within the same family, they used the doctrine of parens patriae. If the two parents died and left a couple of children, the King would then become the "father" of the children, but only for purposes of protecting the property. When the Colonies were established and concern about children surfaced, somebody borrowed this concept and applied it to the right of the state to intervene in the life of a family to protect children. About 1923, when the Supreme Court of the U.S. in Meyer vs. Nebraska had an opportunity to examine this, they said two things that were very important concerning religion: that parents had a constitutional right or a protective right to their beliefs. If a parent believes a child's arm ought to be cut off to cure the child's headache, that belief is going to be legally protected. However, the action, the cutting of the arm, is not going to be legally protected. They made a distinction between the belief of a parent, from the carrying out of that belief to the point of absurdity, and irresponsibility; i.e. cutting off the arm. The state under the parens patriae doctrine gave the court the right to intervene into the life of the family unit--the family autonomy--to protect the child.

In 1967, in Re:Gault decided by the Supreme Court of the United States involved a delinquency hearing held in the State of Arizona. That case is a landmark case because it diluted the parens patriae doctrine. The Supreme Court said that parens patriae doctrine had no place in criminal jurisprudence, that the historical background had dubious standing; and that the doctrine had been created so that the state could intervene in the lives of children.

The Supreme Court defined the rights of children in delinquency cases. Yet, there has never been a Bill of Rights for children. We talk about the parents rights and the rights of the state, but we seldom, if ever, talk about the rights of children. Many people have attempted to get children's rights defined. If the parent has a right to custody of his child, does a child have a right to be with his family? If the answer is yes, at what point in time is the state going to be authorized to intervene in the relationship?

Today the state is being limited in its coercive power of intervention, simply because we have found that, historically, when the state intervenes, which has often been on vague grounds, the very same state agency that is supposed to be protecting children is guilty of abusing and neglecting them. In addition to the parents, and the child, there is now a third party--the State agency. This makes three rights that we have to balance. In the area of neglect, the move today is to do away with it totally and deal only with specific harms to a child. Only when it can be shown and demonstrated that a specific harm will come to a child unless the child is removed, can such a child be removed from his or her home. How do I, as a judge, feel about that? After representing the Department of Human Resources for eight years and seeing children removed from their home summarily, simply because all they had to eat was tortillas, rice, and beans, and left to linger in a foster care system for year in and year out, naturally, my tendency would be to say that the power of the state to remove children from their homes should be limited only to those situations, of demonstrable specific harms. However, from a practical point of view, this would not be feasible as we will always find those children that need to be protected, not so much from direct physical abuse, but from emotional abuse, which in certain cases, can be as harmful as physical abuse. Children need protection from situations where parents are neglectful to the extent that they totally ignore their children.

For example, there may be a six year-old child that is well-dressed, has a T.V. in the den, a T.V. in the bedroom, and has a bathtub with gold-plated faucets. He is only six years-old, but the parents allow the child to roam the freeways and to be in the streets at all hours of the day or night. If you were to limit the power of the state, then how could such a child be protected? There is really no specific harm.

Will the state have to wait to intervene until a car runs over that child on the freeway, or until that child is maimed or abused at midnight? These are problems that we have to confront from a judicial perspective. It is very easy for an individual on the outside to make a decision, or come to a conclusion that a child may be harmed, but it is another thing to come into a court and articulate those facts within a legal framework, laid out by the state legislature to give a judge jurisdictional facts. How many of you, as social workers, have ever been frustrated by a judge you thought was crazy for not removing a child, for not believing you? It is not a question of belief. It is a question of the problems that we have to resolve within a judicial framework.

This brings us to the second point. Once the state agency decides to intervene, the mechanism is put into force, and the intervention occurs. The next question that arises is whether the present system meets the needs of that child and family.

QUESTIONS AND ANSWERS

Judge Peña: How would you answer that? What is your opinion?

Participant: I personally do not think so.

Judge Peña: Why?

Participant: Well, I have seen where juveniles have been detained and placed in foster homes and nothing else happened. And again, as you said earlier, the court or the state is not doing their part of the bargain. They are advocating for something, but they are not implementing what they are advocating for. You say, "Look, you parents do not want to take care of your kids, therefore, we will take care of the kids." They put them in a home, and they leave them there. Then they let them out, and again they come back. It is a vicious cycle.

Judge Peña: Whom do you see as being responsible for that to happen?

Participant: We come back to the whole concept you were talking about, a Bill of Rights for children, such as we the people of the United States, have in the constitution. That too should be overseen by the courts.

Judge Peña: Do you think children have rights?

Participant: I do not believe children have rights.

Judge Peña: Does anybody want to disagree with that?

Participant: If a child can go through a whole court procedure and not even have a jury of its own peers, that child has no rights.

Judge Peña: Suppose the child is one-month old? Would you put 12 one-month old babies in jury boxes to decide the fate of that child? The jury of peers concept is a misnomer. In England, it was used to mean "your neighbors," but that is the historical background of the jury. It would be an impossibility today to say "I am going back to be tried by a jury of my neighbors." We use the word "peers" very loosely, but in England the way the jury system got started was by using neighbors. Who do you see as being responsible? You say children have no rights. Where do those rights come from?

Participant: Wasn't there a decision that established that children have rights? Wasn't that incorporating children as individuals, and giving them rights as individuals and adults?

Judge Peña: Where is that, in Texas? Have you ever looked at Title II of the Family Code and seen what duties and responsibilities a parent has? Now translate those duties and responsibilities into the converse. If a parent has a duty to provide food, doesn't the child have a converse right to food? If the parent has a duty to provide shelter, doesn't the child have a corresponding right to be provided with shelter? If the parent has a duty to provide a child with clothing, doesn't the child have a right to clothing?

Participant: Going back to your question as to when the system meets that need to intervene, I guess you take those rights, or that law, and that guides the state in intervention, right?

Judge Peña: Is the law what we decide it should be?

Participant: No, in my perspective it is the type of system you have because the interpretation is left to whoever is interpreting the law. You have it from the person who identifies the abuse, the police officer who picks up the kid, the caseworker who has to interpret that, the District Attorney, the judge, and finally the ones that make the law. That is why your argument holds. For me, that needs to be clarified from the courts down, as opposed to being clarified from the law down.

Judge Peña: Is there anything about emotional responsibility? None at all?

Participant: How would you define emotional needs? How would you narrow a statute down to provide for the emotional needs? What would that mean? Do you have to tap the kid on the head or do you have to hug him everyday? What does it mean? To me it would mean one thing and to you, it might mean another. If you had 100 people here, it would mean a 100 different things, and therefore, would be totally unenforceable and could not be used as a standard.

Judge Peña: Well, like the proponents of narrowing the jurisdiction of the court say, Let's do away with all the neglect and talk only about abuse. Then they narrow abuse further into specific harms. The opponent says, "Wait a minute. Do you mean to tell me that you have to wait until the kid is half-dead?" On the other side, they have a point. Just where do you strike that balance between family autonomy; that is, the right of a parent to raise his or her own child, his or her own way, and on the other hand, the right of that child to be safe. We have never been able to strike a happy medium. We have gone from one extreme, and now we are going in the other direction.

Participant: I would just tell everyone what the needs of the children are, whether they are physical, social or emotional. We are preventing instead of treating neglect.

Judge Peña: You do not know me. I have 5 children. How can you tell me what the emotional needs of my family are in El Paso today, or yesterday, or in the future? You are not going to meet every single parent and come up with a concept.

Participant: Are you talking about an ideal?

Judge Peña: Yes, that is what I am saying.

Participant: The state is setting up a system to reach as many people as possible.

Judge Peña: How could the state make a decision for me when 140 legislators are meeting in Austin, and I know only five of them, from El Paso; the rest I have never met? How are they going to tell me how to raise my children? We already have institutions, schools, and churches where we can set up a network of providers with essential central information to many people. I believe I hear you advocating that the state should take over parenting through a network of churches and schools. They are going to be knocking at every door to determine whether everybody is an adequate parent. Is that what you would envision? That is what some European countries have--public nurses that knock on my door and want to know from A to Z about how I am raising my children and they keep track. Do you think the American public would stand for it?

Participant: Look at our institutions and challenge them.

Judge Peña: When you talk about institutions, define them for me.

Participant: Churches, agencies, schools, and social protective services are some institutions.

Judge Peña: With the exception of the church, these are institutions created by man or bureaucracies created by the legislature of this country. Should we do away with them and start from zero? What would you substitute, not including the church? I do not think we would be able to get rid of the church.

Participant: There is so much literature and research on what children need. Our institutions are still operated in an antiquated fashion, and they are not meeting those needs. Yes, we would need to start everything again.

Judge Peña: Let me ask you this, should we do away with the juvenile court?

Participant: Yes, because that is the kind of intervention where the state has done more harm than good.

Judge Peña: You raised a good issue. Do you think that because of the different interpretations you just mentioned, that there is a higher incidence of child abuse and neglect among minorities?

Participant: Yes, I think among the economically disadvantaged. I think it is because our judges and our laws in the court system are based on a class system. So we are more interpretative of class rather than race. And in our country that overlaps. You cannot separate the two, but I would want to narrow it.

Judge Peña: That is the argument that Professor Wald from Stanford uses and has been advocating for, since 1975. "Let's narrow the jurisdiction," he says, because we have overexpanded, and have gone overboard. It has focused on a class of people--the economically disadvantaged. We have widened the net, and we have brought them all in. The argument he uses is that if some good had come out of that system, he would not argue with it. But then he points a finger at the foster care system. That is the first system that he looks at. He says "Look, what happens on any given day to the half a million children in the foster care system that are forgotten by the very own system that is supposed to be protecting them because of that wide net that overreaches and brings them all in, all under the guise of rescuing children?" What would you substitute for it?

Participant: I am not sure that a substitute would be needed, if the state were to intervene, and provide for those needs to help the parents meet their responsibility, to provide free medical services, free education, and the basic needs of a child or a person. If the state were to intervene in this fashion, I do think that child abuse would not happen. It would be preventable.

Judge Peña: Why do you think In Re: Gault was decided? You raised an issue that is very interesting. But history is replete with examples; if you do not have a judicial forum to balance the rights such as in the case of parents, children, and institutions, then where are they going to be balanced? If I hear you right, that has also been advocated. Do away with the court and resolve these problems outside a court structure by getting experts appointed to resolve these differences. We have been through that too. Who is going to protect the rights of the parents and the due process rights we talked about? What other alternatives would there be to the judicial, and to the juvenile court concept, to protect children? Why is it that we have moved in this country toward child advocacy?

Participant: I think it is because we have not dealt with one aspect which is being advocated. I thought I heard you arguing the case for prevention, that if we have prevention, then we have treatment and rehabilitation. The judicial system deals primarily with treatment and rehabilitation, respectively. You have to commit a crime before you can be processed, or do something which impacts into the institution. I am for restricting the court. You have not looked at prevention as a whole model. I heard you arguing that it has not worked either. But I would argue that we have not even given that a chance in this country, and that we never even applied prevention as a comprehensive model. And there is some wisdom to that, also, because you are then talking about a kind of conflict where everybody makes sure that everyone protects everything from everybody else. But we have not used that of the system, and we have not broadened that in full force. We do not give that as much money as we do to the courts. For example, when you talk about whether a sixteen year-old should be sent to an adoptive, foster care home, or released, I believe you should give him the money that it would take to pay for working in an adoptive care system and say, "Go for it," Let him do what he wants; let him make his own career out of it, so that he leaves the home, and he cares for himself. Those are the kinds of things that are not looked at, because the state assumes so much control right now. I am for restricting the courts.

Judge Peña: Yes, you are for restricting, but that is after the fact. Let's talk about the concept of the court. Would you advocate doing away with the concept as we know it today and as it exists with all its defects? I think we cannot afford to do that in light of our system; it would disintegrate without the courts. The court serves as a balancing act for us. I would not want to take my chances without the court as we know it today in any other country. In our proximity to the border in Juarez, the judicial system is geared towards money. He who has it, works it out. What worries me is that with Reagan's proposals they are practically advocating the elimination of juvenile courts. But what are they going to put in as a substitute? What do you all see as the role of the court (as you recall when I talked about the court, I am talking about the individual judge that presides. Let's face it, he is the one that controls it) in this area of child abuse and neglect as it relates to the economically disadvantaged?

Participant: I do not think that judges are really sensitive to the cultures that they deal with; to these economically depressed cultures. I used to work for the juvenile probation office and go to the court often. Most of my clients were first offenders and alcoholics.

Judge Peña: In the adjudicatory phase, isn't the role of the court only to see that the law is followed and that due process is given to all parties? That is the first role--adjudication--to determine jurisdiction. What is the role of the judge at that point in time?

Participant: The judge is going to side with whoever has the most political influence at that point in time.

Judge Peña: Don't you think that the judge is concerned with that child? Suppose he is the "perfect" juvenile court judge.

Participant: He might be somewhat concerned, but should not be too sympathetic to the social worker.

Judge Peña: At that point in time, when the case is being called, is the role of the court in child abuse and neglect proceedings only to make a decision of jurisdiction? What is really the role of the court? Is it purely legalistic? Does the criticism of the 1930's that social workers had, still hold? Are we too legalistic at this point in time? In all proceedings there are two phases. In a bifurcated trial, during the first stage the court or jury determines guilt or non-guilt. After that is over, they decide punishment. In child abuse and neglect cases, in the first stage, the judge decides whether there was abuse or not. If he determines no, that is the end of that. If he determines yes, you go into the disposition something similar to the punishment phase in the criminal system. Decide now what do we do with the child? My question is, in the first phase, what is the role of the court? Should it be a legalistic approach, confined only to matters of law? If the answer is yes, then we get into the disposition. What is the role of the court at the dispositional phase? Is it at that point in time that the role is more of a case-working agency, or are we still restrained and confined to a legalistic approach? That is what has given problems to the judicial system. When you talk about the unsympathetic legalistic approach, that is true. At the first stage, I really do not care what happens until they prove the elements of the case and until the man is found guilty. If he comes to me for punishment, I really do not care who he is, where he came from, or what background he has. I do not want to know anything about him. Even in juvenile law, a judge is not supposed to know the background of the kid. Otherwise, he might be swayed in his decision, whether he is guilty or not guilty of the offense. What has caused a lot of problems, and a lot of headaches in the area of child abuse and neglect is the question of the proper function of the court. What is the proper role of the court, the judge, at the adjudication stage and at the disposition phase? These are the issues I raised: Once the coercive intervention occurs, is the court meeting the needs of that child, and the family? The role of the court and the judge is always going to be what that individual judge makes it, no matter where you are in this country. In the adjudicatory phase, it really does not make too much difference simply because you have rules of evidence, and you have certain principles of law that are going to be applicable. Some innocent people may be caught up in the system. I have always seen the role of the court as just being an arbiter; sitting there refereeing, making decisions of law, not getting involved in the fact-finding until all the evidence is presented. After that, let's assume that the court finds that there is abuse. To me that is where the heart-beat of the juvenile court is, the dispositional phase. That is where there is a blending of the law, social work, medicine, psychiatry, psychology, and public health; all of this comes in, in the disposition hearing. The only criticism that can really be leveled at that phase is that the majority of the judges really do not understand their function at that stage. They do not want to take off the legalistic hat and put on that hat which blends all the disciplines in. I think social workers criticize the judicial system and the law purely from the adjudicatory viewpoint. They really do not understand. The judges, on the other hand, contribute to that when you get to the dispositional phase, by being too legalistic. I think this is where the heart-beat of the whole system has got to be. This raises other issues, past the dispositional stage. Is there a post-dispositional responsibility on the part of the court? And if so, what is that role? After the dispositional stage, when the judge decides that the child has to be removed from the home, and the agency is named the custodian of the child, what responsibility does that court have to the parents and to the child? Is the court going to be checking everyday to see if the kids, who have been removed from the home, are there, and have not run away? If you are talking about that three-part thing, again, the parent, the child, and the state, then the disposition should include all of them. But the problem is that the judge is going to have to seat himself as a representative of the state as well. You have a judge overseeing the state. How many of you work for the Department of Human Resources? Only three people from D.H.R.? People from D.H.R., in your communities, what is the role of the court after the disposition?

Participant: We have to report to the court on a six-months basis.

Judge Peña: No hearing?

Participant: Yes, we have a hearing.

Judge Peña: That is our new Chapter Eighteen, Reviewing the Placement of Children. Once again the court has been entrusted with further responsibilities, not only at the adjudicatory, the dispositional, but now, at a post-dispositional stage. Going back to what you were talking about, assume that tomorrow we wake up, and we find that there is no more juvenile court. Who will perform all these functions?

Participant: I think there should be a juvenile court but instead of having the responsibility placed on the parent, why not have the responsibility placed on the state?

Judge Peña: Are you asking why the state doesn't take up the banner of parental responsibility?

Participant: No, I am talking about providing the basic needs and having the state provide the basic needs such as medical service, housing, education, and all those basic needs for the child.

Judge Peña: To every child?

Participant: Yes.

Judge Peña: At whose expense? The state? But who is the state? Let me say this; your post-war American movement was towards that, and I think there is a decline. I think we are looking at it right now. After World War II, we saw--I use the following term in quotations--"the liberal optimistic view" that you can throw money at a problem, at the causes, or at the social ills, and that somehow they would be solved. We did that in the area of child abuse and neglect, and in the area of crime and delinquency. We saw L.E.A.A. born, the Office of Juvenile Justice and Delinquency Prevention established. Now we see Mr. Reagan cutting these programs. In 1964, Barry Goldwater made those issues, political issues, forcing those individuals, for example in the area of crime, to come up with something better. You will recall that they came up with the idea of looking at the rights of victims. They shifted gears in midstream. There is an excellent publication by the Academy of Contemporary Studies in Cleveland, Ohio, that addresses all these public issues. This is where we are going in the 80's in all areas, abuse and neglect, crime delinquency, and courts. I think that we have got to be realistic and recognize that the 80's will be not so much a decade for the minorities, nor the economically disadvantaged, but I think it is going to be a decade for the communities to rise up to the occasion, to start to provide necessary services. It has been reported recently, that whenever neighborhoods and communities have problems, the last person that they turn to is the professional. Before doing that, they turn to mediating structures already existing within their community--the local barber, the cop on the beat, the community relations officer, or the store front. The paid do-gooder is the last person they turn to, yet this is where we have been spending all our money. I think in this country we are going to see a trend of community involvement. Take the Philadelphia gangs. How did they solve their problem? Not spending one penny of federal funds? Have you ever heard of the House of Ujoma started by a Black woman? She alone eradicated gang warfare in the inner city of Philadelphia with not one penny of federal funds. This is a classic example of what we can do even in the area of abuse and neglect as far as prevention. I think we have depended too much on "experts" in Washington that know nothing about Laredo or El Paso. They know no more than we do about the Mexican-American culture. They do not know what is good for us. The only reason that we listen to them is because they pull out that carrot in front of us--money. I think that the trend in this country (I see it more and more coming in the area of abuse and neglect,) is that we are going to start developing community mechanisms in each individual community. It might work here in Laredo but it might not work in El Paso, and what works in El Paso might not work in Laredo. The problems in our individual communities have to be looked at on an individual basis, in order to see what our needs are.

PART II

CHILD ABUSE AND NEGLECT AND THE MEXICAN-AMERICAN MIGRANT WORKER

TEXAS MIGRANT COUNCIL NATIONAL RESOURCE CENTER ON CHILD ABUSE AND NEGLECT FOR MEXICAN-AMERICANS,
D. Davis Camp, and Frederick Cervantes

INTRODUCTION

The mistreatment of children has become a national social issue. The American Public has been shocked and dismayed by countless reports of incidences of brutality waged against the nation's children. State governments across the country have instituted programs to protect children from abuse and neglect, and numerous studies have been conducted concerning the problem. Answers have been sought to questions about what constitutes abuse and neglect and how to deal with abusive parents. Although the body of general knowledge about this social problem is expanding, little is known about it within specific population groups. This study represents an attempt to investigate attitudes toward abuse and neglect which are held by one particular group--Mexican-American migrants.

The broad goals of this study were three-fold. The study was designed to: A) discover the child-rearing practices of migrant families; B) determine what attitudes Mexican-American migrant families hold toward child abuse and neglect; and C) discover the extent of knowledge and usage of social programs by migrant families. It is hoped that through this endeavor we may reach a more comprehensive understanding of abuse and the Mexican-American migrant.

The project was divided into several phases. During the first phase, planning of the project was accomplished through a review of the literature and an assessment of the problem. Several major studies were examined including one which examined the defining of child abuse,[1] a state-wide study of attitudes toward child abuse,[2] and an examination of cases of reported child abuse among Texas Mexican-American migrants.[3] Also, during this phase the broad general goals of the study were divided into six categories, which led to the development of seventeen specific goals. From these goals a set of hypotheses were developed along with a listing of descriptive facts that were to be determined from the data.

The second phase of the project involved the development of a methodology and sample. A questionnaire was developed and a sample of 500 was drawn from families participating in Texas Migrant Council, Inc., Headstart programs. Interviewers were selected and trained and interviews were conducted.

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Once the data were collected and processed, they were analyzed, utilizing the statistical package for the Social Sciences on the Corpus Christi State University IBM 370 model 125 computer.

The data were prepared and analyzed in phase three by the Social Science Research Center of Corpus Christi State University. In general, the data indicate that Texas Migrants are less tolerant of abusive conduct than the general Texas population. In addition, the data seem to show that Mexican-American migrants tend to favor a discipline-oriented home which is patterned after their own rearing. Also, the data indicate that migrants are aware of most social programs, yet are not very inclined to use a number of these services. From the data certain conclusions were drawn including a call for further research, and the identification of a need to investigate patterns of abuse.

The literature on child abuse and neglect, as the concern over the phenomenon itself, has grown rapidly over the last decade. Marian Eskin, in her 1980 U.S. Department of Justice report, reviewed over seventy publications on child abuse and neglect. She reported that child abuse is not a new problem, what is new is that "it has been formally recognized and defined, reporting laws have been mandated, its incidence is being reported and tabulated, its pathology is being explored and methods of prevention and treatment are being implemented."[4] There is limited material, however, which is directly related to child abuse among Mexican-American migrant workers, and specifically to their attitudes toward abuse and neglect.

The three studies examined in the course of this project provided much information in this area. The first involved an examination of community attitudes toward abuse and neglect and was designed to develop a clearer definition of the phenomena. The sample was drawn from the Los Angeles metropolitan area which included almost 17% Hispanic respondents. The second study was conducted state-wide in Texas and included 10.8% Spanish surnames. In the third study, individual case reports of abuse and neglect were examined. In this study the population included 140 Mexican-American migrants.

The Los Angeles study,[5] conducted by Giovannoni and Becerra, was completed in 1979. A random sample was selected from the metropolitan area and some 1065 interviews were conducted. Respondents were given vignettes to read (or have read to them) which described various activities including abusive or neglectful actions. Respondents then rated the vignettes on a nine-point scale with nine being the most serious form of abuse and neglect. The vignettes were categorized by type of abuse or neglect, and overall average ratings were tabulated.

The results indicated that Hispanic respondents were less tolerant of abuse and neglect than White respondents. Of the 78 vignettes tested, total agreement among both respondent groups on the seriousness of a particular activity occurred in only seven vignettes. In 54 vignettes (or 69%) ratings of Hispanics were significantly lower than those of Whites. In summary, the Los Angeles study provided insight into general views toward abuse and neglect, and shed light particularly on the differences between Hispanic and Whites.

Allen Sapp and David Carter[6] conducted a study of Texas residents' attitudes toward child abuse and neglect in 1978. Their evaluation of attitudes and

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awareness was based on a mailout sample to which 1339 persons responded, of these 10.8% were Spanish surnamed. Unlike the Los Angeles study, the Texas project solicited opinions on whether or not a specific act was or was not abuse. Questions were asked concerning acts of physical abuse, sexual abuse, emotional abuse, and neglect of children. In all, some 42 questions of abuse and neglect were asked. In addition, Sapp and Carter asked a series of questions concerning incidence of abuse and neglect.

The results of the Texas study indicated that a large majority of respondents believed that 36 of the 42 activities were abusive or neglectful. Almost half of the activities were considered abuse by over 90% of the respondents. Concerning incidence of abuse, 31.2% reported that they were aware of abused and neglected children in their community. Although the Texas study did not compare attitudes toward abuse by ethnicity, such a comparison was made in this project and that data will be reported in the results section of this report.

The final study reviewed was conducted by Dr. Lex Berrios. In his assessment of child abuse and neglect among Mexican-American migrants, Berrios examined Texas Migrant Council files of 193 cases of reported abuse. Through this examination he attempted to describe the etiology of abuse and neglect among migrants, and made an assessment of the services rendered to the clients.

Based on the review of the literature, and particularly the Sapp and Carter study, a questionnaire was developed by the TMC staff, and the sample was selected. Interviewers were then selected and trained and the study was begun.

In addition, several testable hypotheses were developed. These hypotheses are:

1. Among Mexican-American migrant families, the lower the socio-economic status, the greater the tolerance of child abuse.

2. Among Mexican-American migrant parents, the more strict the person's parents, the more strict that person will be with his/her offspring.

3. Among Mexican-American migrant parents, the activities that one most often did with his/her parents will be most often done with his/her offspring.

4. The more satisfied Mexican-American migrant parents are with child welfare services, the less tolerance they will express for child abuse.

5. The more familiar Mexican-American migrant workers are with child welfare services, the less tolerance they will express for abuse of their own children.

6. Among Mexican-American migrant workers, the greater the acceptance of the state's right to intervene in the family processes, the less tolerance they will express for child abuse.

7. Among Mexican-American migrant workers, the greater the acceptance of the state's right to intervene in the family processes, the less tolerance they will

express for severe discipline of children.

8. Among Mexican-American migrant workers, the greater the willingness to accept placement of children outside the home, the less tolerance they will express for child abuse.

9. Among Mexican-American migrant families, the more traditionally Mexican-American the values of the family, the less tolerance they will express for child abuse.

10. Among Mexican-American migrant families, the more integrated into the neighborhood, the less tolerance they will express for child abuse.

11. Mexican-American migrant workers are less tolerant of abuse than other Texas residents.

Once the interviewing began, the Resource Center staff contacted the Social Science Research Center (SSRC) of Corpus Christi State University to assist in the data analysis. SSRC staff developed a coding system for the transference of data from the questionnaire to code sheets. Each questionnaire was numbered and transferred to a code form. Code forms were then keypunched and tabulated through the use of the Statistical Package for the Social Sciences.

After the data had been tabulated and cross-tabulated, the SSRC staff analyzed the results and drew a number of conclusions based on the data. These results and analysis are reported in the following section.

In addition to analyzing the results of the study at hand, the SSRC was able to obtain a copy of the data from the Sapp and Carter study. These data were reordered and cross-tabulated in order to provide a comparison with this study. These comparisons will be reported in the following section as well.

RESULTS AND ANALYSIS

The results of the study will be presented in two subsections. The first will include the descriptive facts which were sought and the descriptive results will be presented in the form of profiles. The second sub-section will include an analysis of the data based on several theoretical hypotheses. This analysis will predominantly rely on the results of this project, but will also tap the data of the Sapp and Carter study.

DESCRIPTIVE RESULTS

The descriptive facts obtained from the study will be reported here in the form of profiles. First, a profile of the respondents will be given, followed by a profile of the main provider. Next, the migrant family will be profiled, and finally, a profile of attitudes will be constructed.

PROFILE OF RESPONDENTS

The typical respondent of the study was a female (89%), with about six and one-half years of formal education. She was probably born in either Texas (59%) or

Mexico (39%) and answered the questionnaire in Spanish (79%). The respondent was Catholic 83% of the time, and over half had lived in their residence for more than 10 years. She was not working (76%), and if she did work, it was probably as a field hand (33%). The odds are more than nine-to-one that the respondent worked as a migrant at one time, and when she did, she worked as a field hand. Three out of four times, the respondent said she was satisfied with her migrant work that averaged around 14 years.

When asked about their reasoning for working as a migrant, over half the respondents indicated they were destined to be migrants. Concerning their feelings about their kids working in the fields, over 54% said that they did not "like the idea." As to their parents work, over half of the respondents indicated that their father's most important job was migrant work.

PROFILE OF MAIN PROVIDER

The main provider of the study population family was a male 89% of the time. His average education was just under six years, and he, too, was either a Texas or a Mexican native. In about 70% of the cases, the main provider was working, and his job was either as a field hand (42%) or a skilled, non-farm worker (27%). He, too, was usually satisfied with his work. His tenure as a migrant worker, however, was only 10.8 years on the average. His explanation for working as a migrant was the same as the respondents--related to fate.

PROFILE OF THE FAMILY

The typical migrant family in the study lives in a town of less than 25,000, in a home where there is an average of 6 people. The family is made up of a husband, a wife and kids, with an average of two boys and two girls 79% of the time. The family prefers to be called Mexican or Mexican-American and is almost always Catholic. Ninety percent of the families have general incomes less than $10,000.

They begin migration normally by May of each year (63%) and end it by October (82%). They migrate most often to other parts of Texas or to Minnesota. Over half the families migrate together and leave a moderately well furnished home which they own to reside in less well-equipped camps. In about 30% of the families, the children work in the fields and the mean age of kids who do go to work is just under ten and 1/2 years. Most have relatives in the same barrio and about 80% have relatives in the same city.

As to their child-rearing practices, 62% of the families use mostly Spanish or only Spanish in the home. They think that children should be brought up in "caring" ways. Almost one-quarter believe "old" ways are the best and about the same number favor "new" ways. However, almost 50% of the respondents indicated that strict rearing is the most appropriate way to raise a child. Over half believe some combination is best. Concerning the most important thing to learn, 42% cited obedience and 12% said honesty. Less than 2% indicated a sense of honor is the most important characteristic a child should learn.

In about one-third of the families the wife is the one who punishes the child but in over half, both parents fill this role. Disobedience (31%), bad manners (23%) and violence (22%) are the most serious things children can do. In almost half of the families, counselling was used before another form of punishment in response to this behavior. However, when asked what was the most frequent punishment they used, over 30% indicated physical sanctions were used most often. (See Table I).

Table I

Most Frequently Used Punishment

Punishment Category	Frequency	Percentage
Psychic	13	2.7
Verbal	117	24.4
Physical	148	30.8
Restrictions	81	16.9
Other	121	25.2
	N = 480	100.0%

As to rewards, over one-third of the families use praise and almost one-forth use psychic rewards when their children behave well. (See Table II).

Table II
Most Frequently Used Rewards

Reward Category	Frequency	Percentage
Psychic	112	23.0
Praise	187	38.4
Freedoms	11	2.3
Materials	60	12.3
Love	77	15.8
Other	40	8.2
	N = 487	100.0%

Family interaction varies according to the activity. Over two-thirds of the respondents often talk with their kids yet only 39% often read to their children. In over 65% of the families, the wife relates more to the children than the husband. When respondents were asked about what the family does together, they responded that they often eat and watch television together.

PROFILE OF ATTITUDES

The profile of attitudes of respondents was categorized into two areas. The first reflects attitudes toward what constitutes abuse and neglect, and their perceptions of the phenomenon. The second reflects their attitudes toward social service agencies.

PERCEPTIONS OF ABUSE

All respondents were asked to state whether or not specific acts were abusive

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or neglective. The acts in question were categorized as: 1) physical abuse, 2) emotional abuse, 3) sexual abuse, and 4) neglect.

In the physical abuse category, twelve areas were analyzed. The question of "Is Spanking a Child With Your Hand Child Abuse?" solicited the fewest number of positive responses (24%). The two questions which brought forth the highest number of positive identifications concerned placing a child in hot water and biting a child. Both garnered 483 "yes" responses for 98%. Seven of the twelve categories solicited over 90% positive responses.

In the area of emotional abuse the range was from 55% to 98% for the eleven questions. "Locking a Child in a Closet" gathered the highest number of marks and "Yelling at a Child" the lowest. Five of the eleven acts were identified as abusive by over 90% of the respondents.

In the area of sexual abuse only one of the nine theoretical situations was below the ninetieth percentile -- "Kissing an Unrelated Child." Of the remaining eight, seven were above 95% and three were at, or above 99%.

The neglect category had similar results. The "low" concerned the failure to provide religion, at 89%, and the high involved the failure to provide food (99%). The average neglect response was 94%.

The respondents' awareness of abuse and neglect was solicited through the asking of several separate questions. Of the 407 answering a question concerning their personal knowledge of abuse in the area, 16% indicated that they were aware of abuse. Only 8% indicated that they have ever reported abuse, but 91% stated that they would be willing to report, and 80% said that they were aware that it is mandatory (by law) to report abuse.

When asked to identify the abuses most common in the neighborhood, the largest percentage. (47%) of those who answered that question indicated that physical abuse was the most common. The least common was sexual abuse --2%.

Respondents were also asked about the best way to handle child abuse and neglect. As can be seen in Table III, over 96% of the respondents indicated that they approve of the state intervening in abusive situations and only 2% said they disapproved of state intervention.

TABLE III

Level of Approval of State Intervening for Child

Level of Approval	Frequency	Percentage
Strongly Approve	176	36%
Approve	293	61%
Neutral	7	1%
Disapprove	4	1%
Strongly Disapprove	4	1%

A series of questions was also asked about where child abusers should go for help. Over 33% of the respondents identified Mental Health-Mental Retardation as the most appropriate agency and 9% indicated that the criminal courts were the appropriate place.

Finally, respondents were asked under what conditions of abuse should a child be removed from the home. Over one-third indicated that physical abuse would justify removal and less than 1% said that the child should never be removed.

COMPARATIVE ATTITUDES TOWARD ABUSE

A salient study finding is that the migrant respondents have a low level of tolerance for child abuse. This is reflected in the data internally, and in comparison with the data gathered by Sapp and Carter of Texas residents in general.

Using the Sapp and Carter study as an index for comparison, migrants appear to have even less attitudinal tolerance for certain forms of abuse than the general population of Texas. In Table IV selected categories of abuse are compared between the Sapp and Carter study and this (TMC) study.

TABLE IV

Comparison of Selected* Categories of Attitudes Toward Physical Abuse

Is Conduct Abusive?	Texas All (S&C)	Mex-Am. (S&C)	Migrant (TMC)
Pinching	70%	63%	80%
Spanking with Hand	7%	11%	24%
Slapping Face	68%	77%	92%
Spanking with Belt	32%	34%	53%
Spanking with Paddle	37%	53%	88%

*All items listed were for like questions and were selected on the basis of differences of 10% or more.

In Table V comparisons are made concerning emotional abuse.

TABLE V

Comparison of Selected* Categories of Attitudes Toward Emotional Abuse

Is Conduct Abusive?	Texas All (S&C)	Mex-Am. (S&C)	Migrant (TMC)
Threatening	54%	75%	81%
Yelling	35%	43%	55%
Force to Stand	53%	54%	68%
Force to Sit	46%	51%	71%

The same pattern exists in Table VI concerning sexual abuse. Here the categories are fewer and the differences less.

TABLE VI

Comparison of Selected* Categories of Attitudes Toward Sexual Abuse

Is Conduct Abusive?	Texas all (S&C)	Mex-Am. (S&C)	Migrant (TMC)
Touching Genitals	73%	80%	98%
Kissing non-related Child	15%	23%	57%
Photographing Nude	81%	83%	97%

*All items listed were for like questions and were selected on the basis of differences of 10% or more.

As can be seen from the above tables, Texas Mexican-American migrants are less tolerant of abuse than Texas residents in general. When ethnicity is controlled, a major difference still exists.

ATTITUDES TOWARD SOCIAL SERVICE AGENCIES

All respondents were asked a series of questions about two sets of social programs. The first set concerned agencies of a general welfare nature such as food stamps and old age assistance. The second concerned agencies specifically dealing with the protection and care of children. Respondents were first asked if they were aware of the service, then if they used it and if so whether they were satisfied with the service. The results indicate that although a vast majority of the respondents are aware of social welfare programs there is a relatively low level of usage. When respondents did indicate a use of a program the satisfaction level was quite high, however. Awareness of child protection and care programs was also quite high but the level of usage was less than 10% in all cases.

MAIN FINDINGS AND ANALYSIS

A theme underlying a number of hypotheses advanced earlier is the supposition that migrants familiar with social services would be favorably disposed toward their utilization and be less tolerant toward child abuse. Effective measurement of supposition was negated by the overwhelmingly large proportion of respondents who indicated that they were aware of the services but did not use them.

Although attitudes concerning acceptance and satisfaction with state services were not testable, one question concerning the placement of abused children did indicate significant differences in attitudes. Those who preferred to leave the placement of children to social welfare agencies registered somewhat lower levels of tolerance toward most items of physical and emotional abuse than did those suggesting that placement should be made with family or an ethnic specific home.

The hypothesis that lower socio-economic status would Correlate with a greater tolerance of child abuse among Mexican-American migrants was testable but was not substantiated. There was limited evidence that indicated that lower educational status is consistent with lower levels of tolerance toward abuse. (See

TABLE VII

Selected Attitudes Toward Physical and Emotional Abuse by Education

Is Conduct Abusive?	Less than 6 Years school	6-9 Years Schooling	Over 9 Years Schooling
Pinching a Child	90%	81%	64%
Spanking with Wooden Paddle	96%	88%	78%
Yelling at a Child	64%	57%	41%
Putting a Child in Corner	73%	68%	63%
Forcing to Sit	78%	68%	64%

In the case of sexual abuse, attitudes were fairly consistent across educational levels except for attitudes toward kissing an unrelated child. On this item, 67% of those respondents whose family provider had less than six years of education indicated that such conduct was abusive. In cases where the level was six to nine years schooling, the rate dropped to 58% and down to 42% for levels above nine years.

The variable used to assess the importance of traditional Mexican-American values seem to offer the most comprehensive explanation for relative attitudes towards abusive actions. Among the variables used to discern traditional values, however, a distinction is apparent. Those questions used to measure the importance of the extended family and neighborhood ties were not as important as were questions related to the more distinctly cultural factor of language use.

In this study it was hypothesized that the more integrated into the neighborhood families were, the less tolerant they would be of child abuse. The test used for the hypothesis, however, were not very instructive. Correlations between the question of willingness to report abuse with the extent to which migrant families meet with their compadres, get together with their neighbors or meet with relatives in the same city or barrio, were statistically insignificant and lacked a cohesive pattern of contrast. The attitudes toward child abuse were uniform for those who get together with their neighbors frequently and those who do not. Similarly, attitudes toward sexual and emotional abuse of children as well as views on child neglect did not contrast significantly in terms of relative measures of integration into the neighborhood or family.

There were some notable differences in attitudes towards abuse when contrasting respondents according to whether they preferred "traditional," "new" or "both traditional and new" child rearing methods. However, the differences noted do not speak to the importance or lack of importance of "traditional" values. Rather the findings suggest that respondents with a clear preference for either old or new ways of rearing their children are both somewhat less tolerant toward abuse than those who are more ambiguous in their child rearing methods. While there is no significant difference to be reported in terms of attitudes toward neglect and sexual abuse by this variable, Table VIII indicates some variance in terms of attitudes toward certain items concerning emotional abuse and spanking with the hand.

TABLE VIII

Attitudes Toward Selected Categories of Abuse By Preferred Methods of Child Rearing

		%Agreeing	
Is Conduct Abusive?	Traditional Methods	New Methods	Both Methods
Scaring Child	78%	86%	74%
Yelling at Child	64%	58%	49%
Placing Child in Corner	68%	77%	63%
Spanking with Hand	30%	28%	18%

In related data on child rearing a correlation at the significance level of .000 was found in matching perception of lenience and strictness in the reported rearing practices of respondents and the respondents' parents. In respect to the hypothesis tested here--that the more strict the person's parents the more strict the person will be with his/her own offspring--the data provides some corroboration. That is, there is some evidence that the stricter one was raised, the stricter one will be with his/her children (50%), and the more neutral (or in-between) one was raised, the more neutral one will be. (SEE Table IX).

TABLE IX

Migrants Preferred Method of Child Rearing by Method Used by Parents

		Respondents'	Parents' Method	
Respondents' Method	%Lenient	%Strict	%In between	%Both
Lenient	38%	4%	0%	20%
Strict	38%	50%	14%	33%
In between	22%	35%	82%	27%
Both	3%	12%	4%	20%

A correlation that does track in ways that suggest the importance of cultural traditions is the relationship found between the use of Spanish and attitudes toward abuse. The respondents who report using Spanish only or mostly Spanish in their home consistently reported lower levels of tolerance toward physical abuse than did either those who reportedly use both languages equally or use English either only or mostly. This contrast is, of course, particularly significant in contrasting the two large cohorts: "Spanish Only" (260) and "Both Equally" (170). (See Table X.)

TABLE X

Attitudes Toward Physical Abuse by Language Used in the Home

Is Conduct Abusive?	% Agreeing Spanish Only	Both Equally
Violent Shaking	90%	71%
Pinching	92%	69%
Spanking with Hand	34%	14%

Is Conduct Abusive?	% Agreeing Spanish Only	Both Equally
Slapping Face	97%	91%
Spanking with Belt	64%	43%
Spanking with Paddle	95%	79%
Spanking with Coathanger	98%	95%
Pulling Hair	97%	88%

A similar pattern was found in contrasting attitudes toward emotional abuse with language usage. As indicated in Table XI, marked differences are apparent between those who use "Spanish Only" in the family and those who use "Both Equally."

TABLE XI

Attitudes Toward Emotional Abuse by Language Used in the Home

Is Conduct Abusive?	% Agreeing Spanish Only	Both Equally
Scaring	81%	74%
Threatening	83%	81%
Yelling	64%	42%
Cursing	95%	88%
Putting in Corner	83%	64%
Humiliating	99%	91%
Locking in Room	91%	85%
Making Sit	77%	65%

Attitudes toward sexual abuse and neglect also track by language use but differences are considerably smaller. The only item indicating a significant difference concerned the kissing of an unrelated child. Those that were closest to Spanish dominance are relatively less tolerant of the practice.

Another finding that suggest the importance of cultural variables in explaining the relatively low level of tolerance toward child abuse among Mexican origin migrants is the pattern of correlation between attitudes toward abuse and preferred terms of ethnic or national self-identification. That is, those who preferred to be called "Mexicans" (47% of the sample) recorded consistently higher scores in identifying behaviors they considered abusive than did those in the sample who preferred that more assimilationist self-identifiers of either "Mexican-American" (33%) or "Spanish-speaking American" (20%). Moreover, the comparability of those answering "yes" on all the items used to measure attitudes toward abuse is notably parallel between dominant Spanish speakers and those who preferred to be called "Mexicans" on the one hand, and between dominant English speakers and those who preferred being called Mexican-Americans or Spanish-speaking Americans on the other hand. (See Table XII.) This parallelism was also striking on an item by item basis for each of the forms of abuse measured.

Average Percentage of Migrants Indicating that Described Behaviors Constituted Abuse by Language and Self-Identifiers.

Language Group				Self-Identification Group	
	%Mostly Spanish	%Mostly English	%Mexican	%Mexican American	%Spanish-speaking American
Avg. Physical Abuse Score	87%	77%	87%	79%	81%
Avg. Sexual Abuse Score	94%	90%	95%	91%	91%
Avg. Emotional Abuse Score	87%	79%	87%	79%	83%
Avg. Neglect Abuse Score	96%	91%	96%	92%	93%

It should be noted that while language preference labels of self-identification are related, they are nevertheless independent variables that can be accordingly understood among people of Mexican origin in the United States, as separate dimensions of traditional versus assimilationist cultural tendencies. Of those who preferred to be called "Mexicans" 80% spoke either all or mostly Spanish while the remaining 20% spoke either all or mostly English. Conversely, of those who preferred to be called "Mexican-Americans", 47% reported speaking all or mostly Spanish with the majority (53%) indicating a preferrence for English speaking. Linguistically ironic, but culturally consistent, is the finding that 58% of those who preferred to be called "Spanish-Speaking Americans" preferred speaking English over Spanish according to the cross-tabulations.

CONCLUSIONS

Drawing conclusions from a study of this magnitude is an arduous task at best. In some cases the data speak quite clearly and in others one must be somewhat speculative and cautious.

As to the descriptive facts, the information is self-evident Mexican-American migrants are poor, low skilled individuals with large extended families. They tend to have low levels of education and low mobility outside of their migration patterns.

Their child rearing patterns follow those of their parents and their interaction with their offspring is somewhat limited. They use a variety of rewards and punishments with their children and they consider obedience an important lesson for their children to learn.

Their attitudes toward abuse and neglect are generally one of low tolerance. They feel that although there is some abuse in their community, they tend not to report it.

Their attitudes toward social agencies is quite positive but their level of use of these same agencies is low. They do feel that abusive action is best dealt with by the state.

When migrant attitudes toward abuse and neglect are compared with the general population of Texas, it appears that migrant tolerances toward this behavior is considerably lower in certain areas. This lower level of tolerance is apparently due to traditional Mexican-American values and practices. There is little evidence that income or socio-economic status has any effect on tolerance levels among Mexican-American migrants.

What is quite clear is that differences do exist, and these differences should be explored in more detail. A deeper investigation into patterns of abuse along the lines of the Berrios study could prove quite useful in this regard. In addition, a study which would prove the differences found in this investigation could assist in broadening the knowledge concerning this phenomenon.

End Notes

1. Jeanne M. Giovannoni and Rosina M. Becerra, *Defining Child Abuse* (New York: The Free Press, 1979).

2. Allen D. Sapp and David L. Carter, *Child Abuse In Texas* (Hunstville, Texas: Sam Houston State University, 1978).

3. Lex Berrrios, *Child Abuse and Neglect Among Mexican-American Migrants-A Study of Cases*.

4. Marian Eskin, *Child Abuse and Neglect:* A Literature Review (Washington: U.S. Department of Justice, 1979) p. .2.

5. Giovannoni and Becerra, *Defining Child Abuse*, see Chapter 4.

6. Sapp and Carter, *Child Abuse In Texas.*

ISSUES IN THE INCIDENCE OF CHILD ABUSE AND NEGLECT RELATIVE TO MEXICAN-AMERICANS

Al Valiunas

In all the workshops I have attended at this conference, I have been hearing that child abuse and neglect are phenomena that occur uniformly across all ethnic groups. This statement may be erroneous because it has not been tested empirically. The annual summaries of incidence levels of child maltreatment, provided by the American Humane Association, utilizing data provided by state agencies, do clearly show that child abuse and neglect are found among all major ethnic groups in American society. What they, and other reports do not show is whether or not child maltreatment occurs at the same level or with the same frequency in Mexican-American or Black households, as it does among Anglo households. Saying that the frequency distribution of validated reports of child maltreatment by ethnic groups is similar to the frequency distribution of the total population of a particular area by ethnic groups, does not mean that the phenomena are similarly expressed. If the demographic characteristics of each ethnic group were exactly alike then the frequency distributions would be comparable. We all know that is not the case. We also know that Mexican-American households have more members and more children per household. Therefore, statistically, as a group, Mexican-American households cannot be compared to Anglo households unless we take demographic differences into consideration.

The possibility of ethnic differences in the propensity to abuse or to neglect children is an important consideration because it can affect the policies and the allocation of resources by social services agencies in dealing with this social problem. Currently, social services agencies utilize the same strategies and make the same interventions in dealing with child abuse and neglect irrespective of ethnic background. If ethnic differences do exist in the incidence levels of child maltreatment, and also in the ways it is tested within a particular ethnic group, the social services agencies who intervene may be making decisions based on erroneous assumptions that may do more harm than good.

With these comments as the background, I want to share with you some of the findings we, at the Region VI Resource Center on Child Abuse and Neglect, have made in examining central registry data on child abuse and neglect obtained from the Texas Department of Human Resources. We examined the data by ethnicity to see if differences were evident in incidence levels, utilizing broad categories, and if differences were evident by abuse or neglect types.

DATA AND METHODS

The incidence data for analysis consisted of all substantiated cases of child abuse and neglect by incidence, type, and by ethnic group. Only the substantiated cases for the five year period of 1974-1978 were utilized in the analysis because of demographic considerations. This time frame reflected the most reliable and least fluctuating data, and included sufficient numbers of cases to ensure meaningful data subsets for analysis by specific categories.

Some care must be exercised in interpretation. Since a particular case of child abuse and/or neglect may involve more than one victim, the best way to examine incidence levels with this particular data set, is by relating the incidence data to the number of households at-risk, rather than to the numbers of children at-risk.

The method of analysis involved the computation of rates of abuse and rates of neglect, by these categories, and incidence types within each of these categories, for each of the major ethnic groups in the Texas population, namely Mexican-Americans, Blacks and Anglos. Although rates are the accepted procedure in studies utilizing incidence data, rates have not been adequately utilized in studies dealing with child maltreatment. In its simplest form, a rate measures the occurrence of a particular event which affects a particular at-risk population during a period of time, presented on a yearly basis. The rates which will be presented indicate the annual occurrence of abuse, including physical, sexual, and emotional abuse; and neglect, including physical neglect, lack of supervision, abandonment, medical neglect, and educational neglect, in families and households having children under 18 years of age, which are the at-risk population. In other words, only families and households having children will be examined and not all families or the total population, as is commonly the approach. Data on families, and households with children, was obtained from the 1970 census of population.

FINDINGS

INCIDENCE

During the five-year period 1974-1978 a total of 56,912 cases of abuse and neglect were substantiated in Texas. Of this total, 21,026 were abuse cases, and 35,886 involved neglect. The annual rate of abuse and neglect for the state during this period was 7.16 cases per every 1,000 families or households having children under 18 years of age. Of this total, the annual rate of abuse was 2.64 cases per 1,000 families with children and the annual rate of neglect was 4.52 cases per 1,000.

RATES BY ETHNICITY

The breakdown of the 56,912 substantiated cases of abuse and neglect by ethnicity shows 14,374 cases for Mexican-Americans, 10,500 cases for Blacks, and 32,048 cases for Anglos, dividing the number of cases substantiated for each ethnic group by their respective numbers of families or households with children under 18 years yields the rates presented in Table 1:

Table I. Annual Rates of Abuse and Neglect per 1,000 Families or Households with Children under 18, by Ethnicity, Texas, 1974-1978.

Incidence	Mexican-Americans	Blacks	Anglos
All Abuse and Neglect	9.45	11.62	5.80
Abuse	2.96	4.15	2.31
Neglect	6.49	7.47	3.49

The annual rates for all abuse and neglect are 5.80, 9.45, 11.62 per 1,000 families with children for Anglos, Mexican-Americans, and Blacks, respectively. Rates by incidence type show a similar variation. Anglos are characterized by the lowest rates for abuse and for neglect; Mexican-Americans by intermediate rates for abuse and for neglect; and Blacks by the highest rates for abuse and for neglect. The differentials between ethnic groups in abuse rates, are not as large as the differentials in neglect rates, indicating that ethnic differences are reflected more in rates of neglect than in rates of abuse.

RATES BY SPECIFIC INCIDENCE TYPE

While wide ethnic differences are evident in rates of abuse and of neglect, and are suggestive of cultural factors playing a role, it would be useful to examine what types of abuse and neglect characterize each ethnic group. Any differences may be indicative of areas for greater consideration, not only in monitoring families, but also in treatment modalities. In Table 2, rates by specific incidence type and by ethnicity are presented.

Table II. Annual Rates of Abuse and of Neglect by Incidence Type per 1,000 Families or Households with Children under 18, by Ethnicity, Texas 1974-1978.

Incidence Type	Mexican-Americans	Blacks	Anglos
Abuse	2.96	4.15	2.3[illegible]
Physical	2.00 (67%)	3.10 (75%)	1.50 (65%)
Sexual	0.42 (14%)	0.50 (12%)	0.31 (13%)
Emotional	0.54 (19%)	0.55 (14%)	0.50 (22%)
Neglect	5.49	7.47	3.49
Physical	1.71 (26%)	1.91 (25%)	1.08 (31%)
Lack of Supervision	2.75 (42%)	3.42 (45%)	1.59 (46%)
Abandonment	0.45 (7%)	0.58 (8%)	0.27 (8%)
Medical	0.98 (15%)	1.05 (14%)	0.30 (9%)
Educational	0.60 (10%)	0.51 (8%)	0.25 (6%)

The rates presented in Table 2 show that the pattern of highest rates for Blacks, intermediate rates for Mexican-Americans, and lowest rates for Anglos is evident by specific incidence type for both abuse and neglect. By examining proportional incidence for abuse rates and for neglect rates, one can perceive ethnic-specific differences. Proportional incidence for abuse or neglect may be expressed as the percentage a specific incidence type, such as sexual abuse, contributes to the overall rate, in this case being the abuse rate. For Mexican-Americans, who as a population group have an abuse rate of 2.96 cases per 1,000 families with children, the proportional incidence (indicated in parenthesis in Table 2) of sexual abuse, occurring at a rate of 0.42 cases per 1,000 is 14 percent. This means that of all the substantiated cases of abuse that have occurred during the five year period of 1974-1978 among Mexican-American families in the State of Texas, 14 percent were sexual abuse cases.

For abuse, proportional incidence for Mexican-Americans and Anglos is very similar, while for Blacks the caseload is overrepresented by physical abuse cases and underrepresented by emotional abuse cases. If the central registry data being utilized for this analysis are accurate, in that they do not contain system bias, and all tests we have performed on the data indicate that it has internal consistency, then Black families are characterized by a propensity to physically abuse their children more, and emotionally abuse their children less, than Mexican-American or Anglo families. Although the rates for sexual abuse show slight differences by ethnicity, with Blacks having the highest rates, Mexican-Americans having an intermediate rate, and Anglos having the lowest rate, the proportional incidence is roughly the same, indicating that sexual abuse occurs at similar levels within ethnic-specific case loads.

For neglect, proportional incidence for Mexican-Americans and Blacks is almost identical; while for Anglos the case load is overrepresented by physical neglect cases and underrepresented by medical and educational neglect cases. All three ethnic groups under consideration had a similar proportional incidence of cases involving lack of supervision and abandonment of the child. What the percentages in Table 2 show is that Anglo neglecting families have a propensity to be involved in more physical neglect cases, situations of parents or caretakers not providing for the basic needs of food, shelter, and clothing for the children. On the other hand, Mexican-American and Black neglecting families have a greater percentage of cases that involve inadequate care for the medical or educational needs of the child, relative to Anglo neglecting families, showing a possibility of economic factors being implicated in ethnic-specific differences for neglect.

ISSUES AND IMPLICATIONS

The summary of child abuse and neglect cases from the Texas Central Registry provides an empirical foundation upon which various key questions and issues can be addressed. Some of the more commonly expressed ones will be briefly outlined.

REPORTING BIAS

One of the first questions that surfaces when central registry data is utilized is:

How representative of the real situation is case data? Do the rates in Table 1 indicate that almost twice as much abuse and neglect occurs among Mexican-American and Black families with children than it does among Anglo families, or merely indicate that Mexican-American and Black households are under closer scruntiny by social services agency personnel and subsequently prone to a greater chance of being reported for abusing or neglectful behavior? This is a difficult question to answer using a data base that involves thousands of caseworkers' reports and that has been in existence for more than a decade. I have been examining the data base from a statistical point of view, and the data appears to be representative, based on the normality of the distribution characteristics. However, such manipulation does not explain away a potential reporting bias. It can easily be argued, on the basis of the rates in Table 1, that an ethnic-specific bias may be operating in reports of neglect. If Mexican-American or Black households were under more scrutiny, then neglect would be the characteristic behavior with an increased chance of being uncovered, because neglect can be construed more readily by observing household conditions rather than only focusing on the child's condition. If such perceptions do play a role, and if Mexican-American and Black households do come under greater scrutiny by the social services systems, then the much higher neglect rates of these ethnic groups relative to the rates for Anglos may serve to highlight this tendency. However, the figures in Table 2 may also show that this might not be so. Situations of physical neglect predominate among Anglo neglecting families more so than among Mexican-American and Black neglecting families, whereas, medical and educational neglect conditions, that may be easily detected in other social systems, occur more frequently than with Anglos. So, maybe bias may not be operating with regard to the rates presented, and they are a reasonable indicator of the child health within ethnic-specific households. Certainly, a bit more work needs to be done before the question can be resolved.

VALIDATION BIAS

Bias may also occur as a report is processed through the system. It may include prejudice in views or judgments, as the report is evaluated by an investigator for evidence or a judgment of mistreatment. Validation bias is often illustrated by examples of a caseworker, of a particular ethnic background, evaluating a family situation of another ethnic group and not taking into consideration unique culturally-related behavioral differences, which may explain a perceived abusive or neglectful situation as being something else--not a threat to the children. Several years ago, I had the opportunity to attend a conference which focused on the role of cultural factors in parenting styles and behavior which may be construed as maltreatment by outsiders, but which is acceptable behavior within the culture group. One of the examples, vocalized by many presenters, was the role of discipline in Black households, and the problems which may arise in evaluating its effects on children. Blacks were characterized as utilizing stern discipline to socialize the child to conform to household standards. It is interpreted by the parents and members of the Black community as a sign of caring and love, because a conscious effort is made to guide the child's actions along prescribed, acceptable, and meaningful lines of behavior. An outsider may not know these things and view discipline as serving no positive function.

But validation bias can also be the product of members of one's own ethnic group. I have heard many an example where individuals of a particular ethnic group who are experiencing upward social mobility within mainstream society, many times exhibit negative views and feelings to members of the ethnic group who do not try to better themselves socially.

To uncover validation bias is difficult enough; and with aggregate data, such as from the Central Registry, it is nearly impossible. Preliminary examination of the data has revealed some differences in the percentage validation of reported cases by ethnicity, but the differences were small and not statistically significant. This does not mean that bias is not occurring; it may only mean that the various biases may be cancelling out each other.

INCOME

It could be argued that ethnic differences in rates of abuse and of neglect merely reflect disproportionate income differences. All one needs to do is examine the census reports for Texas to see that a great disparity exists in median family income for Mexican-Americans and Blacks, in comparison to Anglos. Since neglect contains an economic dimension, and neglect rates are much higher for Mexican-Americans and Blacks, then the difference in rates may be related to differences in the means available to maintain the well-being of the members of a family. Higher rates of medical neglect and educational neglect among Mexican-American and Black families with children, may indicate economic influences. Parents having a difficult time making ends meet will invariably see to meeting the basic needs at the expense of others. A child's illness may be overlooked as not being significant because the family cannot afford to pay for a visit to a doctor. A child's education may be forced to come to a halt because the child may need to find a job to assist the family financially.

Lack of income data on case record forms prevented controlling for income in examining ethnic-specific differences in child abuse and neglect. We could, however, check for a possible relationship indirectly. Using data from the Census Bureau, we constructed indexes of socio-economic status for all the counties of Texas. These indexes were mapped as were ethnic-specific rates of child abuse and neglect. If high rate areas coincided with low socio-economic status areas, then a strong argument could be made that poorer communities present a greater risk of maltreatment to children. No such relationship was found.

STRESS

The mapping of abuse and neglect rates by county, by ethnicity, revealed well-defined patterning. Rates for Mexican-Americans were lowest in counties along the border of Texas and were progressively higher for counties further away from the border. Rates for Blacks were lowest in counties located in East Texas, and were progressively higher with increasing distance westward. These differentials coincide with ethnic-specific migration patterns of westward movements of Blacks across Texas from traditional households in East Texas, and of northward movement of Mexican-Americans from traditional households in South Texas.

The overlap of rates with the migration stream may imply that stress plays a role in the ethnic-specific rate differences. Since Mexican-Americans and Blacks experienced much migration during the time frame under examination, the higher rates for these groups may reflect the stresses associated with leaving family and relatives behind, seeking economic opportunities elsewhere. Not only are family ties broken, but the nuclear family becomes isolated in a strange community. These are two key ingredients implicated in abuse and neglect cases.

Some issues and implications growing out of a numerical analysis of Central Registry data have been presented and need further examination. Such analyses are needed in the area of child abuse and neglect, because only then, can we break away from rhetoric and begin to deal realistically with the social problem from a concrete foundation.

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AVANCE PARENT CHILD EDUCATION PROGRAM: A NATIONAL DEMONSTRATION AND RESEARCH PREVENTION PROJECT

Gloria Rodriguez

Presently AVANCE administers three program areas which operate concurrently. First, the AVANCE Parent Child Education Program provides weekly parenting education classes to 120 families for ten months out of the year at two sites. Recognized as a national demonstration model, it maintains a staff of 24, the majority of whom are members of the target communities and are Hispanic.

During the ten months that the parents and their children under the age three, participate in the AVANCE Program on a once a week basis. Parents learn the importance of a supportive, nurturing, and effective parental role. These aspects are emphasized through the various lessons that comprise the AVANCE curriculum.

Secondly, through Project Child Abuse and Neglect Prevent AVANCE, has conducted research in San Antonio, Texas to track the indicators of potential child abuse and neglect among low socio-economic status Hispanics. The data obtained from this research when published, will contribute significant information to the literature on Hispanics, which heretofore has been practically nonexistent. This same information has been used to develop a comprehensive national curriculum model with the primary purpose of preventing child abuse and neglect. This material is presently being field-tested and evaluated with a Project-developed Pre and Post Test Instrument.

AVANCE's National Demonstration Project for the prevention of child abuse and neglect, Project Child Abuse Neglect Prevent, completed its second year of operation by accomplishing several outstanding feats. First, the entire thirty-six lectures were finally completed into standard lecture-presentation formats and into modules. These lessons are being field-tested and modified with the new classes which began in August, 1981. Secondly, these same classes were administered the Pre-Test instrument, which will evaluate the effectiveness of the information being disseminated and services provided by the AVANCE Program. The Post-Test will be administered in May, 1982. This particular instrument is an original product developed through the Project Child Abuse and Neglect Prevent research effort.

Thirdly, of great social significance is the compilation of data collected among low socio-economic status Hispanic parents in San Antonio. This vast amount of data on the socio-economic conditions, child rearing practices and attitudes, and parenting information has both confirmed earlier studies and has also opened new avenues for verifying the need to address specific issues for the prevention of child abuse and neglect. The first preliminary draft document of research served as a needs assessment of the AVANCE Program and has called for modifications in its curriculum and integrating additional components into the existing core services of parenting education. The new ventures will include program activities that will place the parent in a position, which will more realistically enable him to improve his economic condition.

The third and most recent endeavor involves additional opportunities for advancement which will begin to meet crucial unmet needs identified through Project Child Abuse and Neglect. These new projects will encourage and facilitate efforts for parents to improve themselves through personal growth and development, economic betterment and academic advancement.

In summary, AVANCE has ample experience and expertise in: (1) the delivery of direct social services to the community, (2) parenting education, (3) educational and social research, (4) material development, and (5) adult education and economic development programs.

PART III

THE SELF-CONCEPT AND CHILD ABUSE
Closing Address
David Hinojosa, Ph.D.

This morning I would like to share with you a few remarks concerning child abuse and neglect and their impact on the self-concept and learning of a young child.

I will be talking about children in general, but will address the needs of the Mexican-American child concerning child abuse and neglect from a physical and emotional perspective. We know that abuse and neglect are not limited to Mexican-American children, but we do have our fair share. At this conference you have been presented with the whole gamut of problem areas, and with alternatives, resources, and possible strategies that may enable you to find ways to do a better job of helping these young people--not only the young people, but the adults who are also a part of the "ball game." I do not have to review the problems with you because you have been reminded of them over the past three days. You are, in effect, reminded constantly of the problems that you deal with everyday with young people.

I am much farther removed from the problems than you are, but I can assure you of one very important thing, when you deal with these children you sometimes do not have the cooperation of the family; and at times you neither have the cooperation of the school, of teachers, or even of the administration. Thus, you are constantly working against obstacles that are hard to overcome. You feel as if you are banging your head against the wall, and figuratively, you are. I would ask you to hang in there; I would ask you to continue to work as hard as you can with these young people. We talk about problems of education, discrimination, and prejudice in our society; we also talk about the failures of schools, of our society, of the church, and of the failure of all the agencies which are attempting to do the best job possible. It is easy to criticize, but I am not here to criticize this morning; I am here to tell you that we are all doing a good job; that even though we can improve on the job that we are doing, that we are helping those children that need our help.

Looking at a young child, let me review with you what happens to that youngster even before he is born. As an educator, I am trying to look at child development from the very beginning, from the moment of conception: the prenatal care of the mother and what happens to her or what she does with herself during the period of gestation. The child begins to form with the influence of nature, or the genetic makeup of the mother and the father. Then he is born into a certain environment, and he is nurtured as he grows.

Children are born into an environment which they did not choose. They are born into it, and they are there! Many of them, bless them, make the best of it; some of

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them develop coping mechanisms that you would not believe. We are amazed constantly at the fact that so many of them learn to cope with all the problems they encounter, and sometimes they successfully move on. Regardless of what happens to them, even when badly abused, battered, physically and emotionally, carrying the scars within them for the rest of their lives; yet they hope to achieve, and to make themselves more worthy human beings and citizens in our society.

What happens to the child that is abused? How does he develop as he grows physically and intellectually? He develops his affective domain as he develops his emotional and social being. How does he view himself? What is his self-concept? What happens to his self-concept when the child is abused and hurt? How does he manage to exist in that environment? He seeks alternatives, to find everything he needs to help himself in life. Self-concept is something that the child begins to develop shortly after he is born, based on how the child believes the mother perceives him. The mother is usually the significant or key person in the child's life. Generally the mother is the most important adult person who spends considerable time with the child in his infancy. The father, the grandmother, the aunt, the uncle, or anybody who spends time with the child, and all contacts that the child has during his first four years of life are critical. What happens to that child in those first four years of life is going to be telling the story of his future life, for during that period, he further develops his self-concept. He sees himself in certain ways, physically, emotionally, and intellectually. He knows whether he is smart or not. The child that is physically, verbally and emotionally abused, exists in an environment that constantly tells him that he is not very bright, that he is a pain, and that he is a problem. He is also developing his self-concept--a negative self-concept.

You and I are here today--you and I are successful types, whether you know it or not. How did we get here? Do we remember certain social situations and the many times that we sat in the classroom, and prayed hard that the teacher would never call on us; when we prayed hard that people would not ask us to stand up; and prayed hard, so we did not have to ask questions, because we really did not want to ask dumb questions? Sometimes the teacher would say all of a sudden, "I am impressed with him." So she would call on Pedro and say, "Pedro, I want you to go to the office for me." Pedro could not say, "No M'am." He was doing well to say "yes"; so Pedro got up scared to death because he lacked confidence, and his self-concept was weak. How many times were you called upon to do something such as to carry out things, that you were worried about. We were all afraid that we would not follow through, accurately when we were given an assignment to go to the office to get something for the teacher. I would practice every step of the way. I repeated and repeated it, until I finally got to the office, and then I would hope that I would not forget what the hell I was supposed to ask for. Then, before I would ask, I would look into the office to see who was there; and if it was crowded, forget it, I would go back and tell the teacher that the principal was not there. This happens because of the lack of self-confidence or weakness in the self-concept of the child.

Can you imagine, with how many strikes against him,a child begins if he is born into an environment where there is pain, poverty, hunger, and abuse? He may have a relatively healthy self-concept because he already learned certain things in his first three to four years of life. What did he learn? He learned to speak--that is one of the major behaviors that he learned. It is an important behavior, as far as school and life are concerned. He learned how to learn, another important behavior that he acquired. And do you know who taught him all these things? That significant mother, grandmother, aunt or other adult did! Besides these two behaviors, he also learned control. He learned how to behave, and he learned how to control himself so as not to cause problems in the school or in society. These three behaviors are major behaviors of today.

We have discussed the strikes a child brings with him. We have some children who are five years old, and they are coming to school, and already have a couple of strikes against them. They are on their third strike, and they are almost counted out before they begin school. What am I talking about? I refer to the idea that some children have been neglected and abused in a variety of ways, and also to the fact that they come into a school system that does not recognize the differences that they bring with them. The cultural conflict between the school and home is very real. Those things that were taught at home--the language, knowing how to learn, and control are in conflict. When those children come to school with the experiences they have aquired, they are not accepted by many schools or by many teachers. They are not accepted because they are different. I am talking about conflicts.

The first thing I did as a teacher, until I learned better, was to tell a young child, "Hey, I do not want you to behave as you behaved during the last four or five years. I want you to change quickly, because if you do not change, what is going to happen to you is that you are going to get a third strike, then you are out." So many of our young people who are in our schools, in the third grade, they are already thinking that they are going to drop out. But what are they going to do once they drop out? They are not looking towards junior high, they are not looking forward to continuing in school.

In spite of this, we are doing a better job in the schools today. We are finally making some practical application of those beautiful statements that we read in the curriculum guides and in the education books that say, "We recognize that children are individuals, we recognize that children have different needs, and we will take the children from where they are and teach them what they need to know." We really have not done that, eventhough we said we were going to do so. The first thing that we usually do is push the child into the model that was adopted by the founding fathers of the United States of America. We put them into the model that says, "If you are going to be successful, you are going to have to behave as a W.A.S.P.; you are going to have to behave as a White Anglo-Saxon Protestant male. If you do not do that, you are not going to succeed." The test comes when you face the challenges, not only of the conflict in the differences of the home environment and what is being taught in schools, but also of the things that challenge you there. Then add to that the fact that the child might be abused and neglected. What kind of load can he carry? How much of a load can anyone carry? It never ceases to amaze me that eventhough children come from environments where they were abused or neglected and had this kind of load, some of them managed to succeed in their lives. Some of them managed to pull themselves up by their boot straps and have been able to succeed. How did they do it? I do not know. Maybe they did it with the help of someone like yourself, who was working with their families.

I wonder sometimes what in the world we can do with the limited budgets and the limited resources that we have. The people are perhaps expecting us to perform miracles. We assume the reponsibility of helping everybody at one time. In eduation, we said we are going to educate everybody; we give this lip service. We were beginning to say in 1981, that we really want to educate everybody. We really want to try and help everybody; we can do many things, but we can not resolve all the problems in the world. We can not solve all the problems in our society, so we are going to lose some. You are going to lose some and I am going to lose some. This is something we are going to have to accept.

During my first year as a teacher, this was a very difficult thing for me to deal with--to accept the fact that some of the young people that I had in class were not learning all that I was teaching them. With you and your work, I think that is what is going to happen. There are accomplishments between the home and the school. How important is that child's life? How important is that adult? How important is that mother? How important is that father of those significant children? If those parents cause the abuse and neglect, what chance does that child really have to succeed in life--to be successful? What have we been told by the literature? What have we been told by the people that have done the studies? That these people, these young children will become adults and will continue the cycle. There appears to be a vicious cycle, not only the cycle of poverty; there are cycles of different kinds. We have young and adult people that have been in a cycle and it is hard to get out of that cycle. It is your job and my job, to try to help them out of the cycle, not only to become upwardly mobile, but to become the kind of adult citizens that we want them to be. By doing this, we would be able to give them a fair chance in life, to be able to have some kind of happiness.

The impact of the early life on learned behaviors, the self-concept, and those events from which they learn to be emotional, are also important. Later in life, when they go to school, it makes all the difference in the world. Your role is to work with young people and with their families. As you work with these families and these children, you try to figure out ways in which you might be able to help them out, to resolve the problems that they might have, whether these are physical, emotional, or psychological problems. All these problems are very difficult to resolve. You must continue and when you feel that your resources are exhausted, seek out other sources. Seek out as you have in many other cases. Seek out the teachers and other adults that can help you with the children with whom you are working. Many times we found that teachers were afraid to become involved. One reason why we do not become involved is that we are afraid of the repercussions or the implications of working with the parents who are abusing or neglecting the child.

They need your help, your understanding, and your patience. One of the things that perhaps would be very helpful is to ask the people in social agencies who work with you, about abused and neglected children. Begin to work with teachers, to help other adult professionals to understand the circumstances that young people find themselves in. Together, perhaps in a cooperative effort, you might be able to learn from each other. Parents and those people who are directly involved in the causes of the problem that young children face, might be able to help each other. If we really want to make a difference, we need to try to help these children while they are still young. The first four years of a child's life are critical according to the research and the literature. In prioritizing the education of our own children or other children, we have to look at the first four or five years of their life. We have to make those first five years of life as safe and happy as possible for these young children. The kind of learning experiences that children should have, should enable them to grow physically, intellectually, socially, emotionally, and should foster the development of their self-concept. These should be positive experiences.

While looking at your program this morning, I wondered what happens to parents who neglect and abuse their own children? I have always believed that there is a natural bond, particularly between a child and a mother, but also between the father and the child. When a child is born, somehow we have a sixth sense that the child is something special. In my past experiences, I learned that the last person in this world to give up on a child is the mother, but you and I often give up. The teacher, the workers, and the principals who have good homes do not go home with the child, or could even choose not to go back to work, so it is easy to give up on the child. But the mother is the last one to give up. Yet, sometimes, you know and I know, that it is the mother that is the source of the neglect and abuse. These people need your help and we need your help. As you contrive to search for better ways of working with youngsters, parents and the families, I urge you to be patient and to hang in there, in order to continue to work, so that you can maximize the resolution of the problems.

Our young people in our schools and in our homes today need us; our society is depending on us. We have got to break that vicious cycle that exists today--The vicious cycle that exists for children and their children's children, which continues to re-cycle them in the same kind of environment that is really not very supportive of them. Many of our children will come from poverty environments and are having difficulty pulling themselves out of it. What is the answer? There is certainly not a pot of gold at the end of the rainbow. In my opinion, the only solution is to continue to try to help those young children and try to help their parents too. The whole parenting movement that exists today should help them to understand what happens or what makes that young child tick. I think we can help the children during their first five years, by helping future parents to do a better job. We are going to be able to break the vicious cycle for many of the young people that we now work with. Let me conclude by commending you again for the work you have done and I hope that you will continue to do. Whenever you feel that everything is lost, that you do not have any help, or when you feel that nobody is encouraging you, or at least recognizing your contributions, keep in mind that there is a payoff. It is not money, but the payoff lies in what you do for the young child that finally enables him or her to put him or herself together. Therefore, he or she will be able to become a particularly worthy citizen in this society. I want to wish you well; also I want to wish you good luck and I hope that you will continue doing the best you can.

Thank you!

RECOMMENDATIONS

There seem to be some obvious recommendations that we can make. We need to promote the capability to develop public awareness, public understanding and public support in order to obtain the backing we need to bring about changes in the interest of Mexican-American migrants. The need for the humanization of services and for the professional training of more Mexican-Americans in all the professions--medicine, including psychiatry, psychology, social work, education, and many other professionals that interact with and intervene in the lives of the migrant families. Training in cultural awareness and sensitivity of non-Mexican-American Service providers that will enable them to work with Mexican-American families more productively seems apparent, too.

Funds need to be made available for research that will help us understand, for instance, why not all migrant families have problems of child abuse. If we knew that, perhaps we could do a better job of prevention. We need answers to the research questions that conferees raised.

The most important issue for which we have to advocate and to mobilize politically is for recognition of the migrant workers' contribution to the economy. Often they are treated with contempt, as a necessary evil, rather than as meaningful contributors to the agriculture business as a whole. Some of the myths about them need to be dispelled. For example, it is often assumed that they are in the migrant stream because they are really lazy. They only work half of the year and the rest of the time they spend indolently in the shade of trees, or in the cantina drinking and having fun. The women are perceived as lazy, who do not care about anything else but having many children who will take care of them in their old age. There is also a belief that most of the migrants are foreign interlopers and should be made uncomfortable enough so that they will return home.

It is essential, too, that legal restraints be removed to their obtaining the services they need, such as not being able to receive certain services because they are not residents of the states in which they work. Some of these constraints have been removed, I know, but certainly not all.

What we need to advocate aggressively is for the development of a cooperative agreement between the home states and those states where they work. In terms of employment, seasonal work of a different nature, as for example, mechanical assembly projects can be developed to function during the months that they are home. They should have guaranteed jobs at both ends.

Education for the children must be provided. Educational systems with Federal support can be designed so that special arrangements can be made for an integrated educational approach. The educators in Texas need to know what the children learned, what level they attained while they were in Wisconsin or any other state, and vice-versa. Children must not be set up to fail by depriving them of an education because of the nature of the work their parents do. Medical records can be made available as well, so that effective preventive medicine can be made available to them as they move along. Day care facilities for the care of infants and young children should be provided at minimal cost, preferably free. Head Start, or other educational programs need to be developed for the preschool children. All these services can enable the parents to work effectively and productively, unencumbered by worry about their children's welfare.

But the most important of all is the need for the migrants to be paid living wages so that very young children will not have to work in order for the family to survive.

We need to indentify in all the ways that we can to acknowledge their contributions, considering the dignity of their work and to pay them respect.

These changes will ultimately pay off in ways that will ultimately be more economical to the public. Paying them a living wage and by providing the supportive services essential to their well-being will cost them what it costs now to treat the problems that need to be resolved. Some form of work or other forms of maintenance need to be provided as well so that they can survive at time when there are droughts or other natural calamities that will deprive them of work.

We need to develop research capabilities among ourselves, and to seek funds that will enable us to prove the need for the programs we seek.

In the meantime, we need to develop the skills and the know-how to provide services or to see that they are provided, in the most sensitive, humane, and effective way that is possible to do.

We need to mobilize ourselves politically and to mobilize the migrants to become politically active, too. Together, with knowledge of what we need, and with enough clout that it will matter to politicians sufficiently that they will have to respond, we can accomplish what we set out to do.

I am sure that others have ideas of what needs to be done and how. We need to continue to seek from all who are concerned. We need to work together, sin riñas y sin envidias. The Anglo Americans have said it well, "In unity there is strength." Tambien nosotros, juntos podemos vencer.

FIRST ANNUAL CONFERENCE ON CHILD ABUSE AND NEGLECT IN THE MEXICAN AMERICAN COMMUNITY

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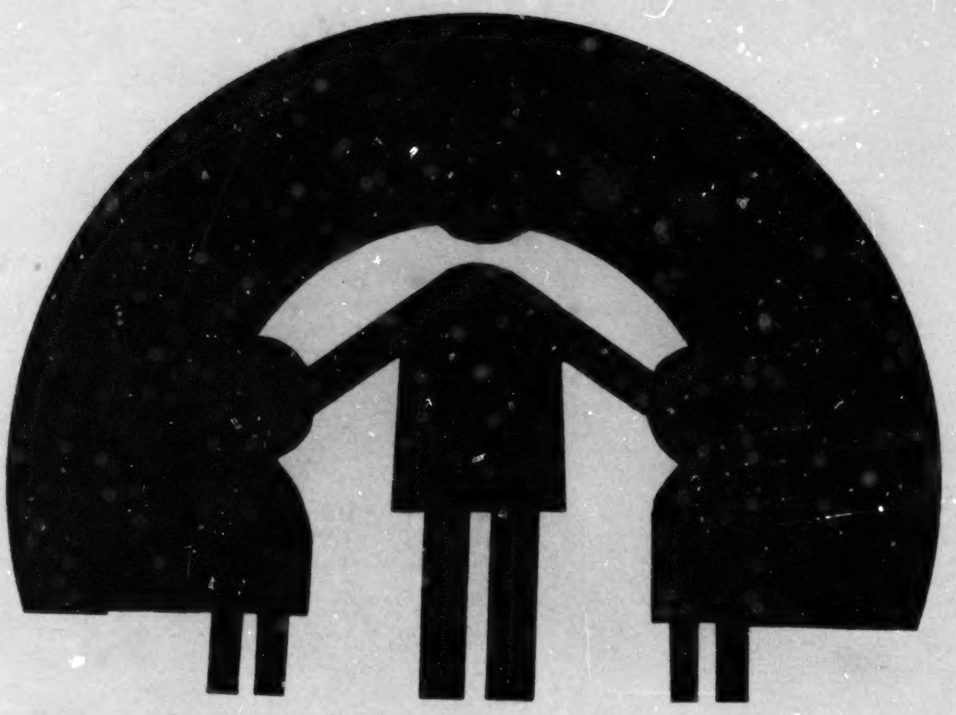

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